The Kaiser Commission on

THE FUTURE OF MEDICAID

Medicaid Expenditures & Beneficiaries

National and State Profiles and Trends

1990-1995

THE HENRY J. KAISER FAMILY FOUNDATION

The Henry J. Kaiser Family Foundation

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The Kaiser Commission on the Future of Medicaid

The Kaiser Commission on the Future of Medicaid was established by the Henry J. Kaiser Family Foundation in 1991 to function as a Medicaid policy institute and serve as a forum for analyzing, debating, and evaluating future directions for Medicaid and other health reforms with the overarching goal of improving access to care for low-income Americans.

Medicaid Expenditures and Beneficiaries

National and State Profiles and Trends, 1990-1995

Third Edition

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A Report of the Kaiser Commission on the Future of Medicaid

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FOREWORD

The Kaiser Commission on the Future of Medicaid was established in 1991 by the Henry J. Kaiser Family Foundation to examine issues critical to access to health care and financing for the nation's poor and disabled. The Commission's goal is to serve as a focal point for Medicaid policy and research and as a national forum for analyzing, debating, and evaluating future directions for financing health and long-term care services for low-income Americans. To support its mission, the Commission conducts studies, sponsors meetings and public forums, and issues fact-finding papers and reports.

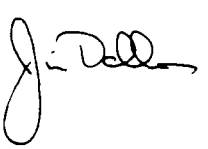
As part of our ongoing efforts to provide timely information about the Medicaid program, we are pleased to release Medicaid Expenditures and Beneficiaries: National and State Profiles and Trends 1990-1995. This report updates earlier editions and presents a comprehensive overview of Medicaid spending and enrollment both nationally and at the state level.

Today, Medicaid provides health and long-term care assistance to more than 35 million low-income Americans at a cost of $152.4 billion in state and federal dollars. As the program has evolved, the states and the federal government continue to face increasing challenges as they attempt to achieve sustainable program spending levels, implement managed care, expand access to low-income uninsured persons, and ensure a high quality of care. This report is intended to help inform the policy debate on Medicaid's future by providing detailed national and state-level data. It reflects the diversity in the program in the populations served and the dramatic, programmatic differences at the state level.

The Balanced Budget Act of 1997 made many important changes to the Medicaid program by broadening state discretion to require beneficiaries to enroll in managed care organizations and to set provider payment levels. By examining historical trends in Medicaid coverage and spending, we will continue to track how these changes will affect enrollment and spending at the national and state level.

On a cautionary note, the shift to managed care presents us with many new challenges in assessing Medicaid's role. For the 40 percent of the Medicaid population enrolled in managed care organizations where payments for services are capitated, we have lost the ability to analyze spending on services for different eligibility groups using existing data sources. As a result, much of the information presented in this report relies on claims data made under fee-for-service arrangements. In light of projected growth in Medicaid managed care enrollment, this raises concern about our continuing ability analyze Medicaid spending and enrollment in the future.

We are grateful to all those who have contributed to this report. In particular, David Liska, Brian Bruen, and Bethany Kessler of the Urban Institute and Alina Salganicoff and Peter Long of the Kaiser Commission staff deserve special recognition for their painstaking efforts in preparing, analyzing, and describing the vast amounts of detailed data presented here. We would like to also thank John Holahan and Joshua Wiener for reviewing earlier drafts, and Lynn Lewis, Patricia Seliger Keenen, and Lynda Bogatz for their editorial assistance. Finally, we are grateful to the Commission members for their guidance in directing our efforts.



James R. Tallon, Jr.
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REPORT HIGHLIGHTS

Medicaid is the major public program financing health and long-term care coverage for millions of the nation's poorest and most vulnerable populations. Over the past 30 years, Medicaid has evolved considerably. While its original purpose was to provide basic health care coverage to those on welfare, the program today covers more than one in 10 Americans. In 1995, Medicaid financed health care services for 35.2 million people: 17.5 million children and 8.0 million adults in low-income families, 5.8 million people with disabilities, and 3.9 million elderly. For each of these groups, Medicaid serves a different function. For low-income adults and children, it operates much like a health insurance program, providing coverage for a comprehensive range of benefits. For the elderly and those with disabilities, Medicaid covers home-and community-based services, and is the primary source of financing for nursing home care. For low-income elderly and disabled Medicare beneficiaries, Medicaid also provides supplementary financial assistance by paying for Medicare's Part B premium and cost sharing.

Jointly financed by state and federal governments, Medicaid is administered by the individual states under broad federal guidelines. To participate in the Medicaid program, each state must provide eligible populations with a set of mandatory benefits. However, states have some discretion to determine eligibility criteria; the amount, scope and duration of covered services; provider payment rates; and what optional acute and long-term care services to provide. Because states make markedly different choices in these areas, trends in enrollment and spending exhibit distinctly different patterns. To better understand the variation across state Medicaid programs, the Kaiser Commission on the Future of Medicaid has updated this national and state-level analysis of Medicaid expenditures and beneficiaries for 1995.

National Profile, 1995

- In 1995, Medicaid financed health care services for 35.2 million beneficiaries at a cost of $152.4 billion. Total spending, including the costs of administration and adjustments was $159.5 billion.
- Adults and children account for nearly three-quarters (72.3 percent) of Medicaid beneficiaries, but less than a third (31.5 percent) of Medicaid spending for medical services. By contrast, the elderly, blind, and disabled constituted 27.6 percent of the Medicaid population, but were responsible for 68.5 percent of spending.
- A small but significant share (12.5 percent) of total Medicaid spending for services went towards supplemental payments to hospitals that provide a disproportionately large share of care to low-income, uninsured, and Medicaid patients.
- Medicaid spending per beneficiary varied considerably by basis of eligibility. On a per beneficiary basis, spending for low-income children averaged $1,451 while that for low-income adults averaged $2,080. By contrast, spending for the disabled averaged nearly $8,784 and for the elderly, $10,308. Higher per beneficiary spending levels for these populations reflect their greater health needs and heavier use of both acute and long-term care services.
- Medicaid finances a wide range of services to meet the health and long-term care needs of its beneficiary groups. Slightly more than half of program spending (52.1 percent) was for acute care and a third (35.4 percent) was for long-term care. The rest (12.5 percent) financed disproportionate share hospital (DSH) payments.

State Profiles, 1995

The wide variation in state Medicaid programs stems from the fact that while their programs are designed under broad federal guidelines, states retain a significant degree of program flexibility.

- States vary considerably in setting Medicaid eligibility criteria, which generally are based on those for the Aid to Families with Dependent Children (AFDC) program and other state determined income levels.
- States like Tennessee and Hawaii have used section 1115 research and demonstration waivers to expand coverage to persons who have not traditionally met Medicaid's categorical requirements, extending eligibility to nondisabled individuals and childless couples. Consequently, they cover larger shares of the low-income population compared with other states.
- Even without 1115 waivers, the share of low-income persons with Medicaid coverage varies considerably. For example, in many New

England states, nearly two-thirds of people with incomes less than 150 percent of poverty were covered by Medicaid. Nevada, in contrast, covered 30.6 percent of its low-income population.

- How spending was distributed among the eligibility groups also varied considerably by state, reflecting Medicaid eligibility policies and state demographics. Spending for children illustrates this point, ranging from a low of 8.8 percent in New Hampshire to 29.4 percent in Alaska. Similarly, 42.6 percent of North Dakota's Medicaid expenditures were for the elderly compared with 17.1 percent in Alaska.

- Average spending per Medicaid beneficiary reflects what services are covered, beneficiary case mix, and regional costs of medical services. Non-DSH spending per beneficiary was highest in the New England and Middle Atlantic regions, averaging about $6,100. The lowest spending levels were found in New Mexico and Tennessee. Tennessee's levels were low due to the recent expansion of adult Medicaid beneficiaries through a section 1115 research and demonstration waiver.

- The federal share of Medicaid payments per Medicaid beneficiary and per poor person in the state differed substantially across the states. Current federal contributions are based on the state's relative per capita income level (used to determine federal matching rates) and the amount of money the state spent. New England and Middle Atlantic states received the largest federal Medicaid payments on a per capita, per low-income, and per beneficiary basis.

- State Medicaid spending varied more than federal contributions. While Massachusetts, Connecticut, New Hampshire, and New York spent more than $2,300 in state funds per low-income person, Mississippi and New Mexico spent about $300.

- Relative differences in DSH payments under Medicaid exhibited the most dramatic variation across states. More than half were concentrated in five states: California, Louisiana, New Jersey, New York, and Texas. DSH payments accounted for 38.7 percent of Medicaid spending in New Hampshire and 30.7 percent in Louisiana. DSH payments were extremely limited in other states such as Idaho, Montana, and South Dakota.

National Trends, 1990-1995

After a decade of rapid growth, the increases in Medicaid spending and enrollment have slowed considerably. These trends were the product of the relatively healthy state of the economy, low unemployment, and state and federal efforts to limit program spending growth.

- Between 1990 and 1995, the number of Medicaid beneficiaries climbed by 11.1 million from 24.1 million to 35.2 million. In the same period, the number of disabled beneficiaries rose 9.5 percent compared with 4.2 percent among elderly beneficiaries. Following years of steady growth, enrollment actually fell for beneficiaries eligible for Medicaid because of their receipt of cash assistance either through AFDC or Supplemental Security Income.

- Medicaid spending more than doubled during this five year period, increasing from $70.5 billion to $152.4 billion. Much of this growth occurred in the early 1990's when spending increased an average of 27.8 percent per year. Recent growth has slowed to more historical levels. Between 1994 and 1995, Medicaid spending rose only 11.2 percent.

- Several factors contributed to accelerated Medicaid spending between 1990 and 1995. One was growth in the number of beneficiaries, which was responsible for 45.6 percent of the total growth in spending. Additionally, nominal spending per beneficiary accounted for just under a third (32.9 percent) of total spending growth. DSH payments accounted for the remaining 21.5 percent.

- Despite the rapid rise in overall program spending, the rate of growth in average Medicaid expenditures per beneficiary remained stable between 5 percent and 6 percent throughout most of the 1990's, although it reached 7.7 percent in 1995. Reductions in the rate of medical price inflation and growth in the proportion of low-income adults and children, who are less costly per beneficiary, were largely responsible for this trend.

State Trends, 1990-1995

The rate of growth in spending and enrollment has not been even among states for various reasons. Among these are fluctuations in state economies, decisions about expanding coverage of children and pregnant women, efforts to restrain the rate of spending growth, and mechanisms to draw down additional federal funds through the DSH program.

- Average annual growth in Medicaid beneficiaries was highest in Hawaii (23.2 percent) and in Tennessee (19.4 percent) due to expanded eligibility related to implementation of 1115 waivers. Growth rates were lowest in Pennsylvania (1.1 percent) and Michigan (2.3 percent).
- Medicaid spending trends also differed substantially during this period. While the average annual growth of expenditures (including DSH) was 16.7 percent nationally, North Dakota reported only 8.5 growth and Oklahoma only 9.3 percent. By contrast, several states—usually those with higher DSH payments or beneficiary expansions—saw spending grow as much as 29 percent (Hawaii) and 30 percent (New Hampshire).
- Growth in spending per beneficiary (excluding DSH payments) was lower in most states than total spending growth. In some states—such as Alaska, Idaho, Indiana, New Hampshire, Oklahoma, Tennessee, and Virginia—average spending per beneficiary was stable or even decreased slightly. In contrast, spending per beneficiary grew over 10 percent per year in seven states—Alabama, Delaware, Louisiana, Michigan, Mississippi, Pennsylvania, and West Virginia.

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B. Program Highlights

Authors' Note

The growing use of managed care in many states makes it increasingly complex to identify the particular recipients of certain categories of Medicaid spending. States with operational section 1115 waivers tend to report many expenditures as payments to managed care organizations without specifying what services were actually provided. At this time, the only states affected to a significant degree are Arizona, Hawaii, Oregon, and Tennessee.

Today, an estimated 40 percent of Medicaid beneficiaries are enrolled in managed care; two thirds of these individuals' care is paid for on a capitated basis. Existing national data sources tell us very little about who these beneficiaries are, what types of services they use, and how much was spent on these services. As more beneficiaries are enrolled into managed care plans, this problem will be exacerbated. To compensate for this gap in information, we have had to estimate how payments to managed care programs in every state were divided among different beneficiary groups, instead of reporting this spending category as a separate expenditure.

It should also be noted that spending per beneficiary does not translate into spending per enrollee. This report reflects the costs of care for persons who actually used services; the number of persons enrolled in the program was considerably higher. What this means is that the amount reported as spending per beneficiary should not be used to estimate managed care costs per enrollee, which should be considerably lower.

INTRODUCTION

For several years, the structure and financing of Medicaid have been a central issue in the national debates about balancing the budget, state and federal responsibilities, the role of federal oversight, and entitlements to health and welfare benefits. Because the program is so complex and diverse, policy and financing changes at the federal level are likely to play out quite differently at the state level.

To participate in the Medicaid program and receive federal matching payments, each state must cover certain categorically eligible groups and offer a minimum set of medical services. Apart from these federal guidelines, states have significant leeway in designing their individual programs; they can choose which optional populations to cover; set income eligibility levels; determine the amount, duration, and scope of services; and decide which optional acute and long-term care services to offer. As a result of these state choices, Medicaid in reality comprises more than 50 distinct programs.

Even when looking at an individual state, however, it is difficult to characterize Medicaid as a single, unified program. Under the state Medicaid program umbrella are:

- acute care services for low-income, non-disabled adults and children;
- prenatal care, delivery services, and post-natal care for low-income pregnant women;
- acute and long-term care services for the disabled of all ages;
- long-term care for low-income elderly;
- financial assistance to low-income elderly for meeting Medicare's cost-sharing obligations; and
- financial assistance to qualifying hospitals that serve disproportionately high numbers of Medicaid beneficiaries and low-income individuals without health insurance.

Far from being a static program, Medicaid has evolved continuously to meet the needs of vulnerable populations in the face of federal and state budgetary pressures. The states and the federal government have used a number of different strategies to control Medicaid spending, expand eligibility, and improve access to care for beneficiaries. In recent years for example, many states have applied for waivers from various federal Medicaid requirements under the authority of sections 1115 (research and demonstration) and 1915(b) (freedom of choice) of the Social Security Act. This authority permits them to increase the use of managed care to improve access and control costs. With 1115 waivers, they may also extend coverage to previously ineligible low-income children and adults.

Under the Balanced Budget Act of 1997, states will no longer need these waivers to mandate enrollment of most Medicaid beneficiaries into managed care, though the waivers will still be required for mandatory enrollment of children with special needs, Medicare beneficiaries, and Native Americans. The Act contained several other important changes. One provides additional funds to expand Medicaid assistance to low-income children and Medicare beneficiaries. Another reduces federal payments to states for DSH spending, including significant reduction of these payments to mental health facilities. In addition, the Act repeals the Boren Amendment, which restricted the ability of states to reduce some payments to hospitals and nursing homes, and provides for phasing out cost-based reimbursement for Federally Qualified Health Centers.

This update is intended to help inform the policy debate on Medicaid's future by providing national and state-level data. The first section gives an overview of national expenditures and beneficiaries for 1995. The second section details coverage and spending patterns in individual states by eligibility categories, cash assistance status, and type of service for 1995. The third section examines trends in Medicaid spending nationwide between 1990 and 1995, analyzing factors that contributed to growth. The final section presents state-level trends during the five year period 1990 to 1995, highlighting information on beneficiary and expenditure growth, as well as population groups served and services offered.

The appendix contains several fact sheets on the Medicaid program, additional state-level eligibility and financial data, a description of the data sources used for this report, and a summary of the analytic methodology.

National Profile, 1995

NATIONAL PROFILE, 1995

Medicaid, the publicly-financed program providing health and long-term care coverage to millions of the nation's poor, served more than 35.2 million people in 1995, at a cost of $152.4 billion (Table 1, Figure 1). Total program expenditures, including administration, accounting adjustments, and the U.S. Territories were $159.5 billion.

Nearly half of all Medicaid beneficiaries were children (17.5 million), for whom the program was a major source of health insurance. Non-disabled, low-income adults including pregnant women were the second-largest beneficiary group at 8.0 million. Some 3.9 million low-income elderly persons relied on Medicaid to supplement their Medicare premiums and cost-sharing and to help finance institutional and community-based long-term care. Medicaid also paid for acute and long-term care services provided to 5.8 million blind and disabled beneficiaries of all ages.

Although adults and children in low-income families made up 72.3 percent of Medicaid beneficiaries, they accounted for only 31.5 percent of spending, excluding payments to disproportionate share hospitals (DSH). Elderly, blind, and disabled beneficiaries, by contrast, constituted only 27.6 percent of total beneficiaries, yet were responsible for 68.5 percent of total spending, excluding DSH payments. The disparity between enrollment and spending is a result of the differing health care needs of these populations.

Historically, Medicaid coverage has been tied to eligibility for cash assistance welfare payments, primarily Aid to Families with Dependent Children (AFDC) or Supplemental Security Income (SSI). Persons who qualified for cash assistance through SSI or AFDC were automatically enrolled in Medicaid. In 1995, 56.0 percent of all Medicaid beneficiaries qualified for Medicaid due to their cash assistance status (Figure 2). Children receiving cash assistance were the largest group of beneficiaries (26.1 percent), but blind and disabled beneficiaries accounted for the largest share of program expenditures (21.8 percent).

In recent years, Congress and many states broadened Medicaid eligibility criteria to cover additional low-income groups that do not qualify for cash assistance, especially children and pregnant women. Thirty-four states have moved beyond the mandatory eligibility criteria established by federal policy. States have the option to cover other "medically needy" persons who incur large medical or long-term care expenses, yet do not qualify for other assistance. Finally, states have used section 1115 research and demonstration waivers to expand coverage to groups who do not meet Medicaid's categorical eligibility criteria, such as non-disabled adults and childless couples. These groups accounted for the remaining 44.0 percent of beneficiaries.

The Personal Responsibility and Work Opportunity Act of 1996 eliminated the automatic link between receipt of AFDC and Medicaid eligibility. Under the new welfare law, AFDC was replaced by the Temporary Assistance to Needy Families (TANF) program.[1] Persons who meet TANF eligibility requirements are not automatically eligible for Medicaid and must apply separately.

To meet the diverse health needs of its beneficiaries, Medicaid finances a comprehensive set of acute and long-term care services. Slightly more than half of Medicaid spending (52.1 percent) covered acute care services (Table 2, Figure 4). These services include inpatient hospital care; physician care; laboratory and X-ray services; outpatient services; other medical services; prescription drugs; early and periodic screening, diagnosis, and treatment (EPSDT); and premiums paid to managed care organizations (MCOs) and to Medicare. Another 35.4 percent of Medicaid spending was for long-term care, including institutional, home health, and mental health services (Table 4, Figure 4).

Some of Medicaid's expenditures are not directly linked to beneficiaries' use of services and thus cannot be attributed to a particular group or service. Medicaid DSH payments provide additional financial assistance for hospitals and institutions for mental disease that serve large percentages of low-income and Medicaid beneficiaries. These payments totaled $19.0 billion in 1995—about 12.5 percent of Medicaid expenditures (Table 1, Figure 1). An additional $6.6 billion covered miscellaneous expenditures, including program administration and accounting adjustments.

[1]The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (P.L. 104-193) replaced Aid to Families with Dependent Children with Temporary Assistance for Needy Families, a new federal block grant to states. Before TANF, anyone who received an AFDC check was automatically entitled to Medicaid. The new law severed this link. Instead, the new law requires states to use the AFDC eligibility criteria of July 1996 (just before the law changed) to determine Medicaid eligibility for families with children, regardless of TANF eligibility requirements.

Most care that Medicaid beneficiaries receive is provided on a fee-for-service basis. However, recent growth in Medicaid managed care has led to unprecedented expenditures for MCOs. In 1995 alone, Medicaid paid $9.9 billion to MCOs, or 6.7 percent of total spending. (Figure 4). Medicaid also paid $3.9 billion to Medicare to cover premiums and cost sharing for low-income elderly and disabled "dual-eligible" beneficiaries[2] (Table 3).

Low-income children, adults, the disabled, and the elderly use different types and amounts of Medicaid services. For instance, of the $25.4 billion spent for services to non-disabled children, more than 93 percent was for acute care (Figure 5). Only 6.3 percent went toward long-term care most of which was for mental health services. A similar pattern was seen for non-disabled adults. Of the $16.6 billion spent for this group, almost all (98.5 percent) was for acute care (Figure 6). These figures reflect Medicaid's role as a provider of basic acute care for adults and children in low-income families.

For persons with disabilities and for the elderly, however, Medicaid fills a very different need. Although acute care services still represent most (57.9 percent) of the $51.4 billion spent on the disabled, 42.1 percent was for long-term care (Figure 7). For elderly beneficiaries, long-term care accounted for 75.9 percent of the $40.1 billion in total spending (Figure 8). This group's reliance on Medicaid for long-term care is a direct result of the high costs of long-term care that can rapidly impoverish an individual and the lack of coverage for such coverage under Medicare. Medicare pays for the bulk of acute care for the Medicaid elderly.

The different health needs of the populations Medicaid covers translate into vastly dissimilar levels of spending per beneficiary across eligibility categories. In 1995, Medicaid spent, on average, $1,451 per child beneficiary and $2,080 per adult beneficiary (Table 5 and Figure 9).[3] Non-disabled adults and children primarily used acute care services rather than costlier long-term care (Table 6 and 7). The picture was different, though, for the elderly and for the disabled. Many in these groups needed expensive long-term care services. Medicaid spending reflected these needs. In 1995, spending averaged $10,308 per elderly beneficiary and $8,784 per blind or disabled beneficiary.

[2] Dual eligibles refer to those individuals who receive assistance from both Medicaid and Medicare. There are no data to determine exactly how payments to Medicare are spent on the different groups eligible for such coverage: cash assistance elderly (SSI), Qualified Medicare Beneficiaries, Special Low-income Medicare Beneficiaries, and certain persons with disabilities.

[3] Note that spending per *beneficiary* will overstate average spending per person *enrolled* in the Medicaid program, since people who do not use services are not counted. Furthermore, some Medicaid enrollees participate in the program for only part of the year, which can lead to an understatement of true spending per person on an annual basis. For example, spending per child beneficiary was $1,451, while spending per child enrollee was $1,178; adjusting for partial-year participation, spending per child enrollee was approximately $1,524. The term beneficiaries is used throughout this report, since these data are more historically complete. See Appendix C for more detail.

Table 1

Medicaid Beneficiaries and Expenditures, by Group, 1995

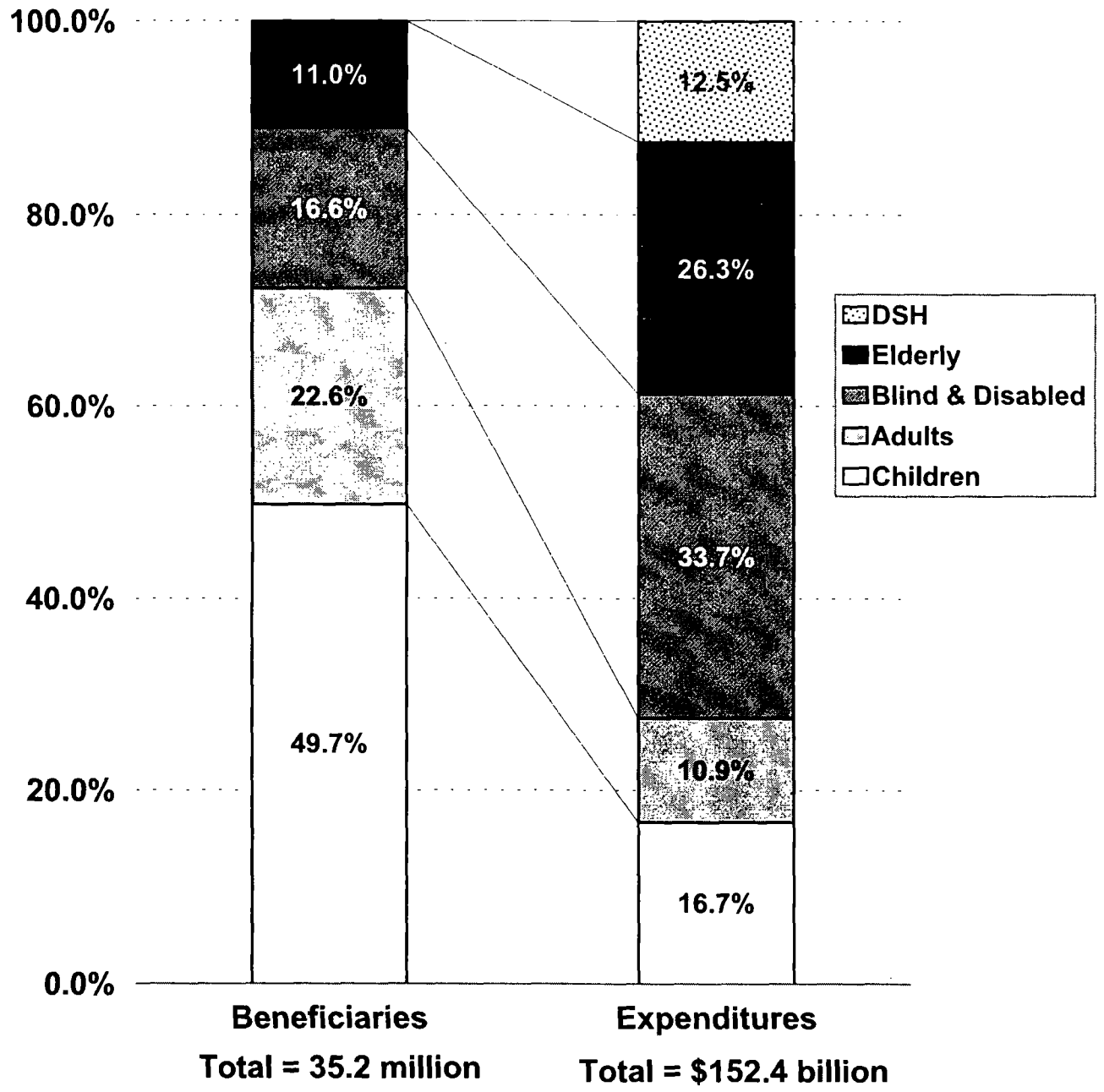
Beneficiary Group	Beneficiaries (thousands)	% of Total Beneficiaries	Expenditures (millions)	% of Total Expenditures with DSH	% of Total Expenditures without DSH	Expenditures per Beneficiary
Total	**35,214**	**100.0%**	**$152,423**	**100.0%**	**100.0%**	-
All Beneficiaries (benefits only)	**35,214**	**100.0%**	**$133,435**	**87.5%**	**100.0%**	**$3,789**
Cash Assistance	19,737	56.0	64,461	42.3	48.3	3,266
Other Beneficiaries	15,477	44.0	68,974	45.3	51.7	4,456
Elderly	**3,889**	**11.0%**	**$40,087**	**26.3%**	**30.0%**	**$10,308**
Cash Assistance	1,640	4.7	8,620	5.7	6.5	5,255
Other Beneficiaries	2,248	6.4	31,468	20.6	23.6	13,996
Blind and Disabled	**5,849**	**16.6%**	**$51,379**	**33.7%**	**38.5%**	**$8,784**
Cash Assistance	4,518	12.8	33,254	21.8	24.9	7,361
Other Beneficiaries	1,331	3.8	18,125	11.9	13.6	13,615
Adults	**7,960**	**22.6%**	**$16,557**	**10.9%**	**12.4%**	**$2,080**
Cash Assistance	4,389	12.5	8,977	5.9	6.7	2,045
Other Beneficiaries	3,571	10.1	7,580	5.0	5.7	2,123
Children	**17,516**	**49.7%**	**$25,411**	**16.7%**	**19.0%**	**$1,451**
Cash Assistance	9,189	26.1	13,610	8.9	10.2	1,481
Other Beneficiaries	8,327	23.6	11,800	7.7	8.8	1,417
DSH	-	-	**$18,988**	**12.5%**	-	-

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. "Cash assistance" refers to beneficianes who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Figure 1

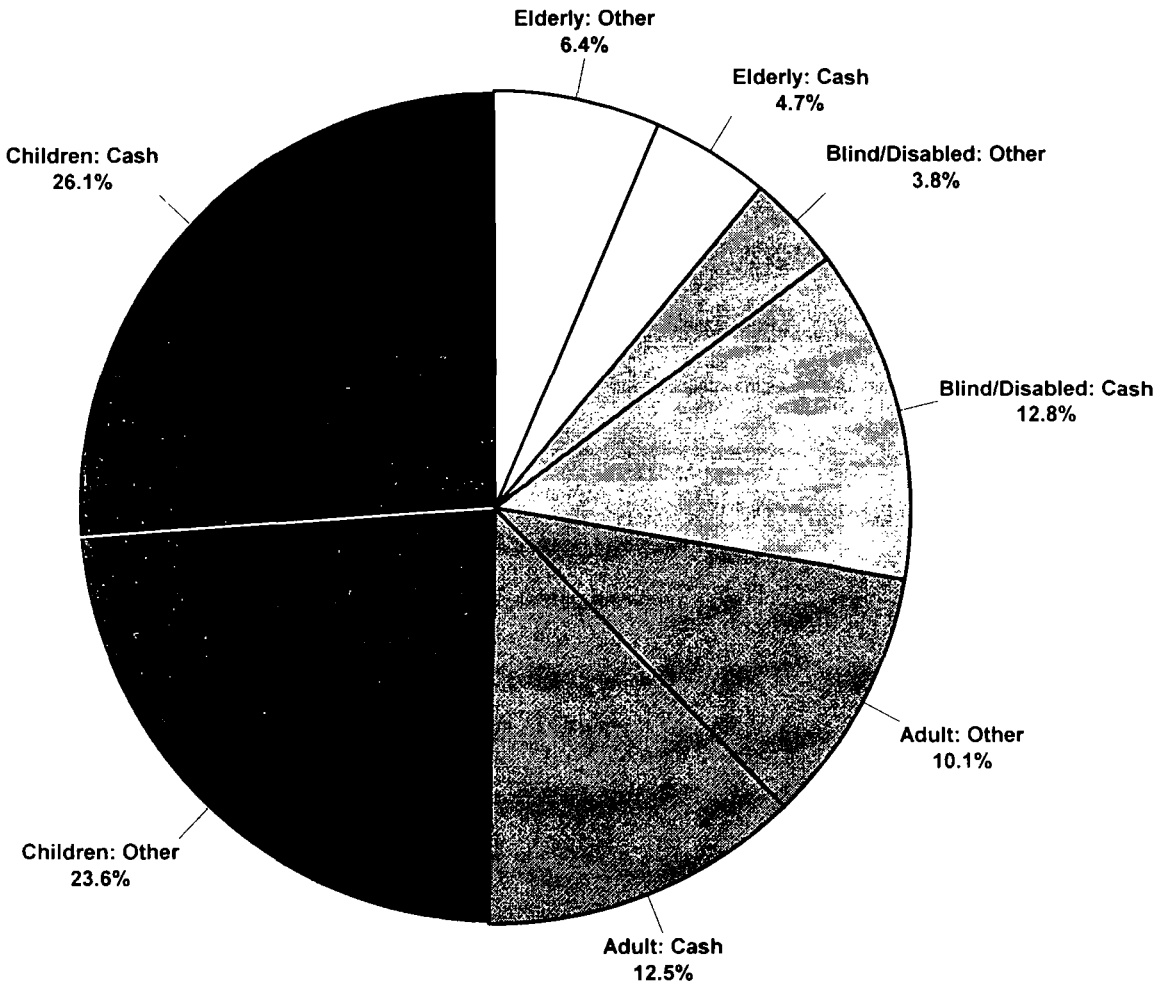
Medicaid Expenditures and Beneficiaries, by Group, 1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Percentages may not sum to 100 due to rounding. "DSH" refers to disproportionate share hospital payments. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Figure 2

Medicaid Beneficiaries, by Group and Cash Assistance Status, 1995

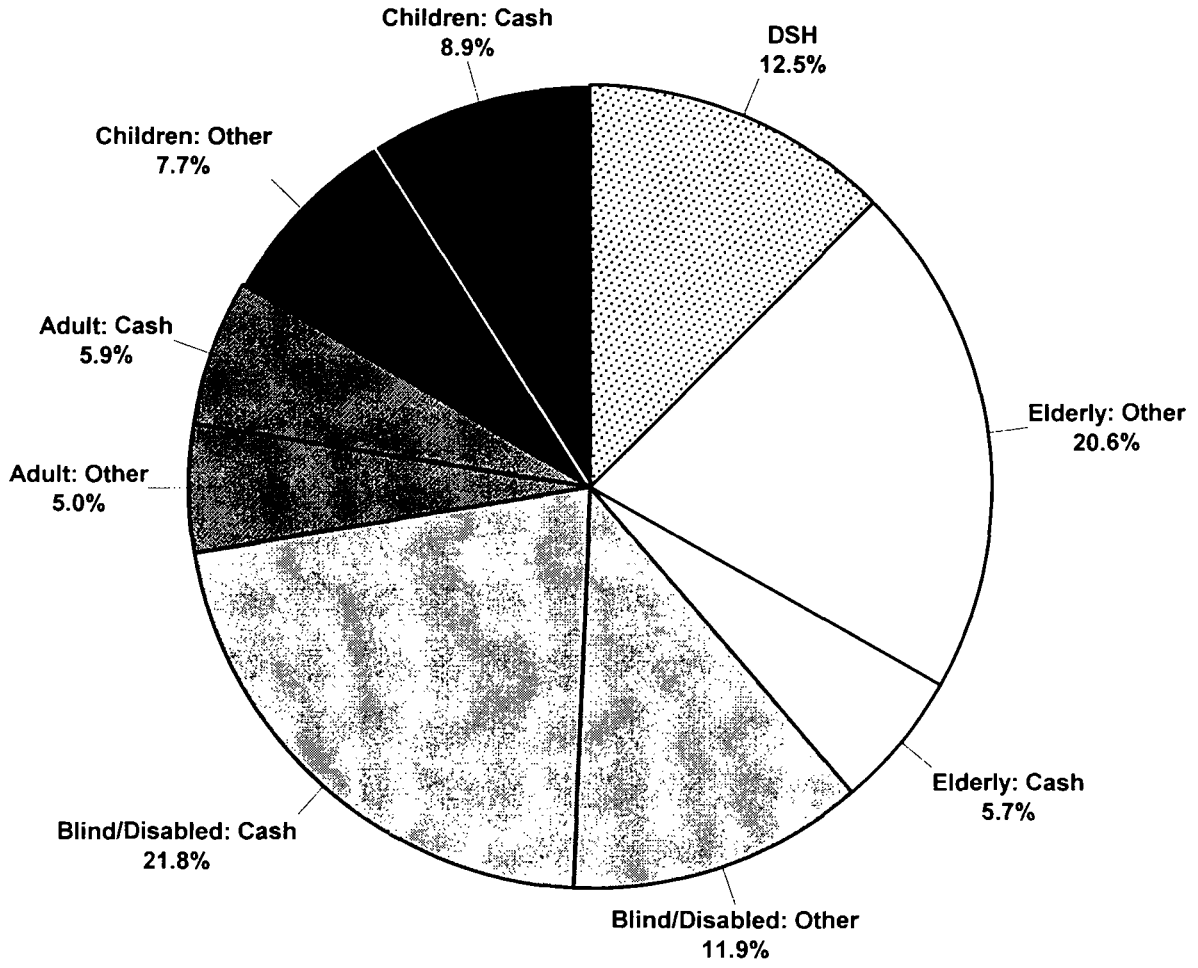


Total Beneficiaries = 35.2 million people

Source: Urban Institute calculations based on data from HCFA-2082 reports.
Does not include the US Territories. Percentages may not sum to 100 due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. "Cash" refers to beneficiaries who receive AFDC or SSI. "Other" beneficiaries include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

Figure 3

Medicaid Expenditures, by Group and Cash Assistance Status, 1995



Total Expenditures = $152.4 billion

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Percentages may not sum to 100 due to rounding. "DSH" refers to disproportionate share hospital payments. "Cash" refers to beneficiaries who receive AFDC or SSI. "Other" beneficiaries include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 2

Medicaid Expenditures, by Group and Type of Service, 1995

	Total		Acute Care		Long-Term Care		
Beneficiary Group	(millions)	% of Total Spending	(millions)	% of Total Acute Care Spending	(millions)	% of Total Long-Term Care Spending	DSH
Total	**$152,423**	**100.0%**	**$79,439**	**100.0%**	**$53,996**	**100.0%**	**$18,988**
Elderly	**$40,087**	**26.3%**	**$9,674**	**12.2%**	**$30,414**	**56.3%**	
Cash Assistance	8,620	5.7	4,313	5.4	4,307	8.0	
Other Beneficiaries	31,468	20.6	5,361	6.7	26,107	48.3	
Blind and Disabled	**$51,379**	**33.7%**	**$29,761**	**37.5%**	**$21,619**	**40.0%**	
Cash Assistance	33,254	21.8	22,617	28.5	10,637	19.7	
Other Beneficiaries	18,125	11.9	7,144	9.0	10,981	20.3	
Adults	**$16,557**	**10.9%**	**$16,301**	**20.5%**	**$256**	**0.5%**	
Cash Assistance	8,977	5.9	8,877	11.2	100	0.2	
Other Beneficiaries	7,580	5.0	7,424	9.3	156	0.3	
Children	**$25,411**	**16.7%**	**$23,703**	**29.8%**	**$1,708**	**3.2%**	
Cash Assistance	13,610	8.9	12,802	16.1	808	1.5	
Other Beneficiaries	11,800	7.7	10,901	13.7	900	1.7	
DSH	**$18,988**	**12.5%**	-	-	-	-	

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to MCOs by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 3

Medicaid Acute Care Expenditures, by Group and Type of Service, 1995

Beneficiary Group	Total Acute Care (millions)	Acute Care Service (millions)						
		Inpatient	Physician, Lab & X-Ray	Outpatient/ Clinic	Prescription Drugs	Other Acute Care (1)	Payments to Medicare (2)	Payments to MCOs (2)
Total	**$79,439**	**$26,936**	**$8,460**	**$10,723**	**$8,445**	**$11,116**	**$3,855**	**$9,903**
Elderly	**$9,674**	**$2,083**	**$685**	**$746**	**$2,453**	**$1,130**	**$2,506**	**$71**
Cash Assistance	4,313	1,039	331	372	1,057	430	1,047	37
Other Beneficiaries	5,361	1,045	354	374	1,396	700	1,459	34
Blind and Disabled	**$29,761**	**$11,730**	**$2,485**	**$4,760**	**$4,140**	**$4,312**	**$1,349**	**$985**
Cash Assistance	22,617	8,634	1,971	3,726	3,136	3,347	1,041	761
Other Beneficiaries	7,144	3,095	514	1,034	1,004	965	308	224
Adults	**$16,301**	**$5,902**	**$2,713**	**$2,313**	**$829**	**$1,903**	**$0**	**$2,641**
Cash Assistance	8,877	2,782	1,379	1,360	596	1,134	-	1,627
Other Beneficiaries	7,424	3,120	1,334	953	233	769	-	1,014
Children	**$23,703**	**$7,221**	**$2,578**	**$2,904**	**$1,023**	**$3,773**	**$0**	**$6,205**
Cash Assistance	12,802	2,798	1,177	1,575	529	2,142	-	4,582
Other Beneficiaries	10,901	4,423	1,401	1,329	494	1,631	-	1,623

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.

(2) States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 4

Medicaid Long-Term Care Expenditures by Group and Type of Service, 1995

Beneficiary Group	Total Long-Term Care (millions)	Long-Term Care Service (millions)			
		SNF/ ICF-Other	ICF/MR	Mental Health	Home Health
Total	**$53,996**	**$30,486**	**$10,003**	**$3,076**	**$10,431**
Elderly	**$30,414**	**$25,572**	**$616**	**$1,107**	**$3,119**
Cash Assistance	4,307	2,183	176	303	1,645
Other Beneficiaries	26,107	23,389	440	804	1,474
Blind and Disabled	**$21,619**	**$4,813**	**$9,321**	**$881**	**$6,603**
Cash Assistance	10,637	1,948	3,456	693	4,539
Other Beneficiaries	10,981	2,865	5,865	188	2,064
Adults (1)	**$256**	**$54**	**$9**	**$48**	**$145**
Cash Assistance	100	-	-	-	-
Other Beneficiaries	156	-	-	-	-
Children (1)	**$1,708**	**$47**	**$57**	**$1,040**	**$564**
Cash Assistance	808	-	-	-	-
Other Beneficiaries	900	-	-	-	-

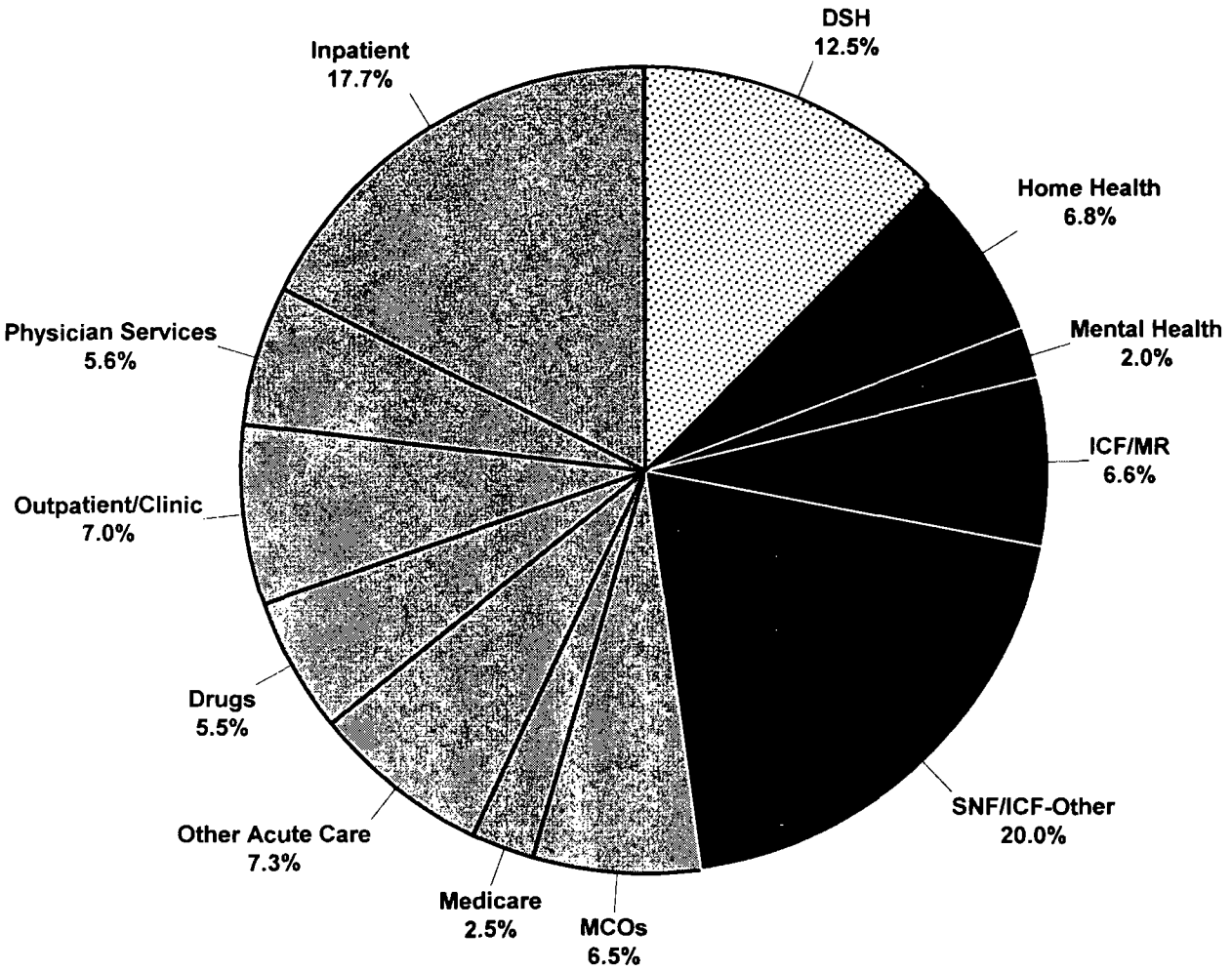
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territones. Figures may not sum to totals due to rounding. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "DSH" refers to disproportionate share hospital payments. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

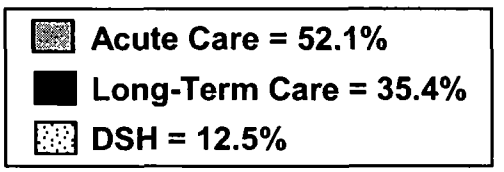
(1) Expenditures for long-term care services are not shown by cash assistance status for adult and child beneficianes because actual spending was only for a small number of individuals and does not necessanly represent the group as a whole.

Figure 4

Medicaid Expenditures, by Type of Service, 1995



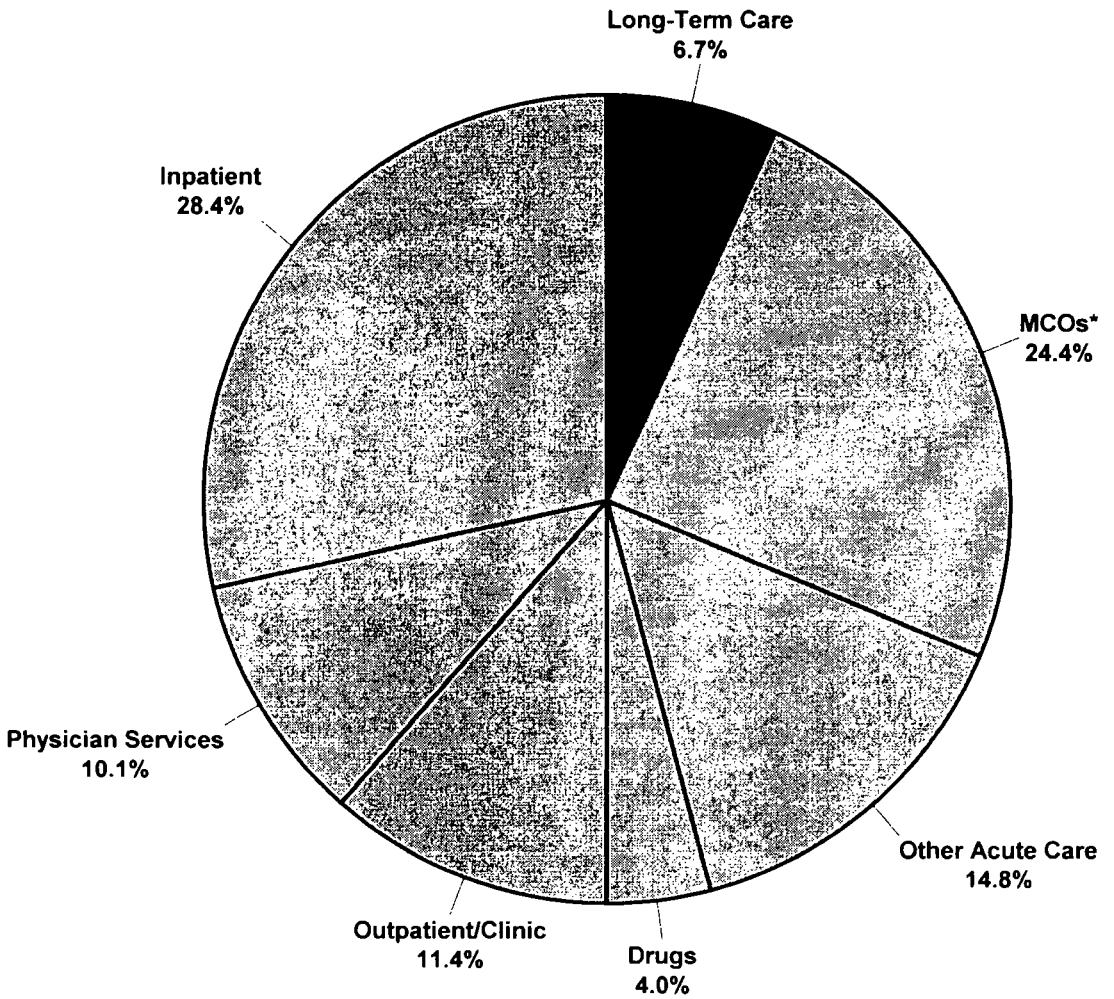
Total Expenditures = $152.4 billion



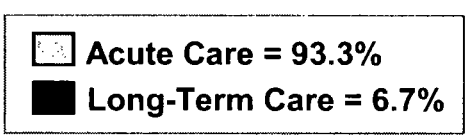
Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Percentages may not sum to 100 due to rounding. "DSH" refers to disproportionate share hospital payments. "MCOs" refers to managed care organizations. "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

Figure 5

Medicaid Expenditures for Child Beneficiaries, by Type of Service, 1995



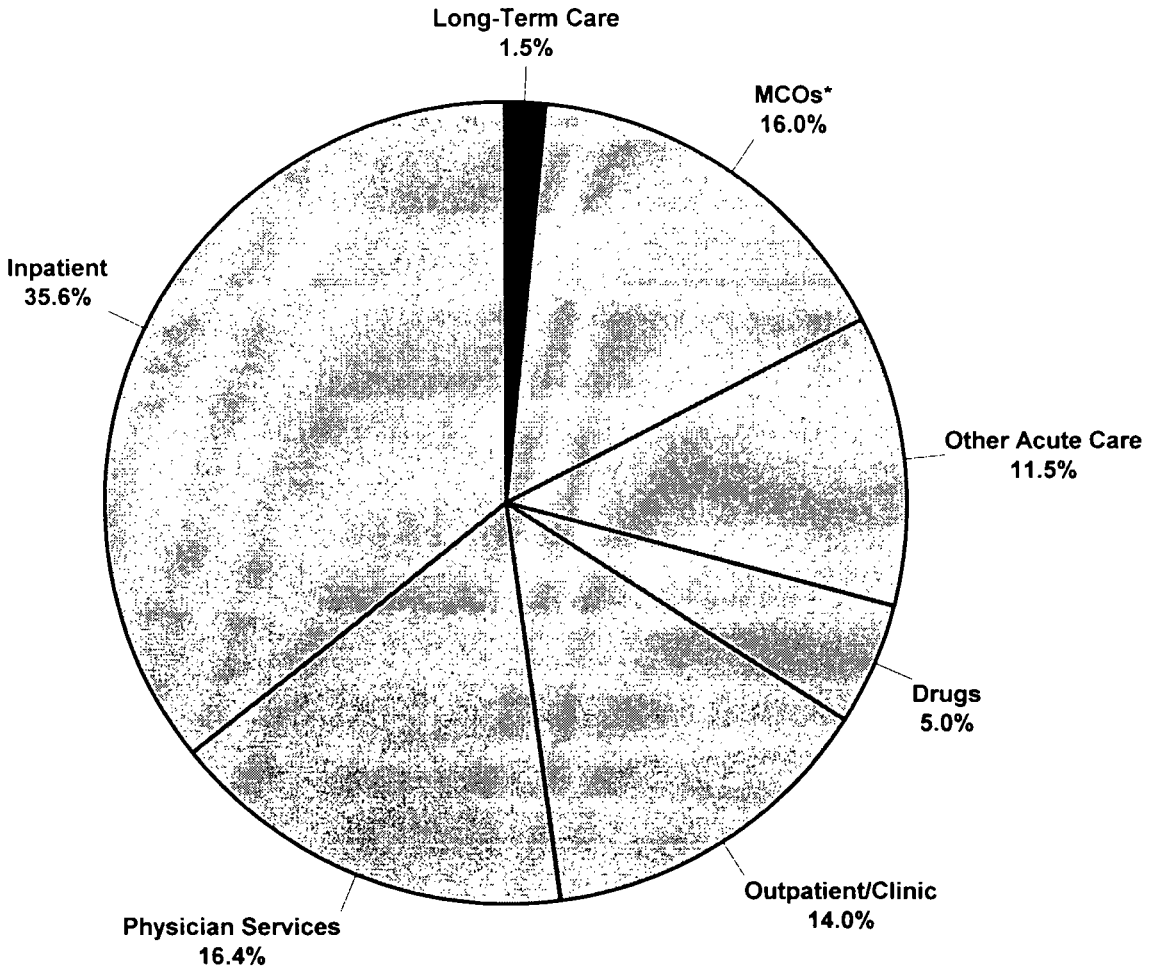
Total Expenditures = $25.4 billion



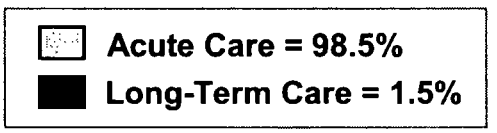
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports
Does not include Disproportionate Share Hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Percentages may not sum to 100 due to rounding. "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.
**Payments to managed care organizations were distributed among adults and children; see Appendix C*

Figure 6

Medicaid Expenditures for Adult Beneficiaries, by Type of Service, 1995



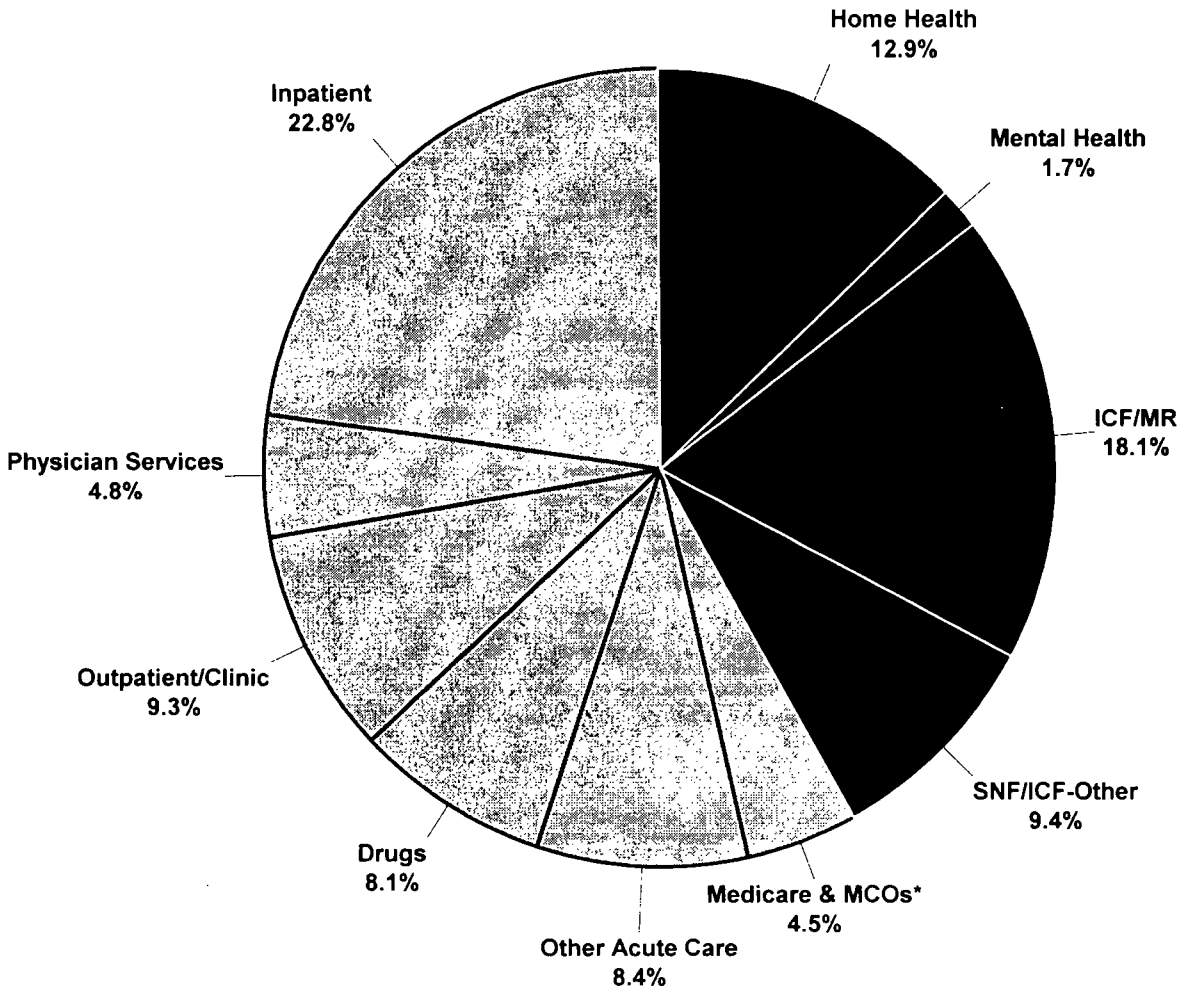
Total Expenditures = $16.6 billion



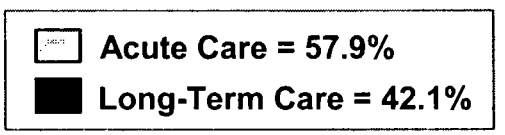
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Percentages may not sum to 100 due to rounding. "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.
**Payments to managed care organizations were distributed among adults and children; see Appendix C.*

Figure 7

Medicaid Expenditures for Blind & Disabled Beneficiaries, by Type of Service, 1995



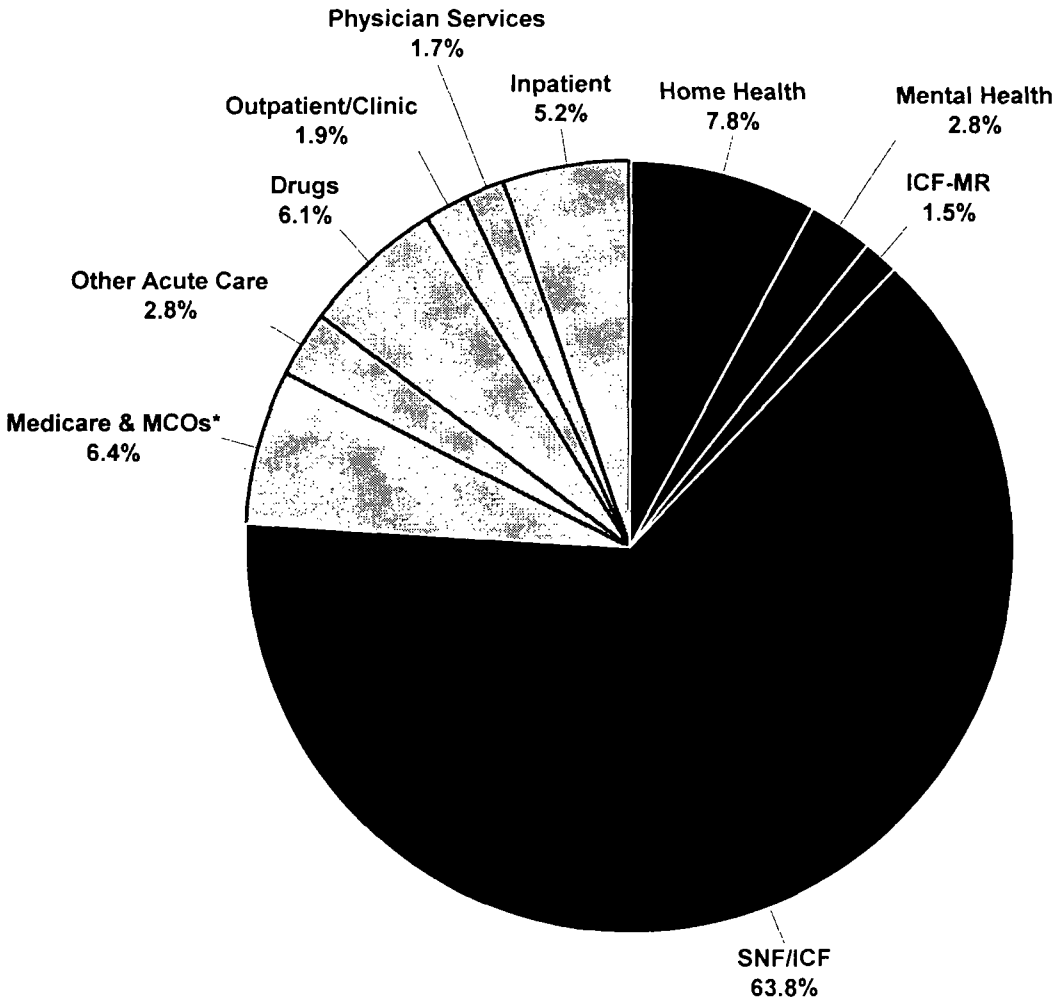
Total Expenditures = $51.4 billion



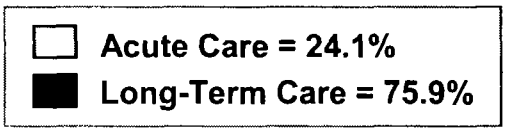
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Percentages may not sum to 100 due to rounding. "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.
**Payments to Medicare were distributed among the aged, blind, and disabled. A few states enroll blind and disabled beneficiaries in managed care organizations. Payments to MCOs are combined with those to Medicare in this figure, see Appendix C.*

Figure 8

Medicaid Expenditures for Elderly Beneficiaries, by Type of Service, 1995



Total Expenditures = $40.1 billion



Source: Urban Institute calculations based on HCFA-2082 and HCFA-64 data.
*Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Percentages may not sum to 100 due to rounding. "Other acute care" includes case management, dental, vision, other practitioners' care, and all other unspecified acute care services. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities. *Payments to Medicare were distributed among the aged, blind, and disabled. A few states enroll elderly beneficiaries in managed care organizations. Payments to MCOs are combined with those to Medicare in this figure, see Appendix C.*

Table 5

Medicaid Expenditures per Beneficiary, by Group and Type of Service, 1995

Beneficiary Group	Total Spending per Beneficiary	Acute Care Spending per Beneficiary	Long-Term Care Spending per Beneficiary
Total	**$3,789**	**$2,256**	**$1,533**
Elderly	**$10,308**	**$2,488**	**$7,821**
Cash Assistance	5,255	2,629	2,626
Other Beneficiaries	13,996	2,384	11,612
Blind and Disabled	**$8,784**	**$5,088**	**$3,696**
Cash Assistance	7,361	5,006	2,355
Other Beneficiaries	13,615	5,366	8,249
Adults	**$2,080**	**$2,048**	**$32**
Cash Assistance	2,045	2,022	23
Other Beneficiaries	2,123	2,079	44
Children	**$1,451**	**$1,353**	**$97**
Cash Assistance	1,481	1,393	88
Other Beneficiaries	1,417	1,309	108

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. States do not report payments to Medicare or to MCOs by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled.

Table 6

Medicaid Acute Care Expenditures per Beneficiary, by Group and Type of Service, 1995

Beneficiary Group	Total Acute Care	Acute Care Service						
		Inpatient	Physician, Lab & X-Ray	Outpatient/ Clinic	Prescription Drugs	Other Acute Care (1)	Payments to Medicare (2)	Payments to MCOs (2)
Total	**$2,256**	**$765**	**$240**	**$305**	**$240**	**$316**	**$109**	**$281**
Elderly	**$2,488**	**$536**	**$176**	**$192**	**$631**	**$290**	**$644**	**$18**
Cash Assistance	2,629	633	202	227	644	262	638	23
Other Beneficiaries	2,384	465	157	166	621	311	649	15
Blind and Disabled	**$5,088**	**$2,005**	**$425**	**$814**	**$708**	**$737**	**$231**	**$168**
Cash Assistance	5,006	1,911	436	825	694	741	230	169
Other Beneficiaries	5,366	2,325	386	777	754	725	232	168
Adults	**$2,048**	**$741**	**$341**	**$291**	**$104**	**$239**	**$0**	**$332**
Cash Assistance	2,022	634	314	310	136	258	-	371
Other Beneficiaries	2,079	874	374	267	65	215	-	284
Children	**$1,353**	**$412**	**$147**	**$166**	**$58**	**$215**	**$0**	**$354**
Cash Assistance	1,393	304	128	171	58	233	-	499
Other Beneficiaries	1,309	531	168	160	59	196	-	195

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

"Cash assistance" refers to beneficiary groups who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.

(2) States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 7

Medicaid Long-Term Care Expenditures per Beneficiary, by Group and Type of Service, 1995

Beneficiary Group	Total Long-Term Care	Long-Term Care Service			
		SNF/ ICF-Other	ICF/MR	Mental Health	Home Health
Total	**$1,533**	**$866**	**$284**	**$87**	**$296**
Elderly	**$7,821**	**$6,576**	**$158**	**$285**	**$802**
Cash Assistance	2,626	1,330	107	185	1,003
Other Beneficiaries	11,612	10,403	196	358	656
Blind and Disabled	**$3,696**	**$823**	**$1,594**	**$151**	**$1,129**
Cash Assistance	2,355	431	765	153	1,005
Other Beneficiaries	8,249	2,152	4,405	141	1,550
Adults (1)	**$32**	**$7**	**$1**	**$6**	**$18**
Cash Assistance	23	-	-	-	-
Other Beneficiaries	44	-	-	-	-
Children (1)	**$97**	**$3**	**$3**	**$59**	**$32**
Cash Assistance	88	-	-	-	-
Other Beneficiaries	108	-	-	-	-

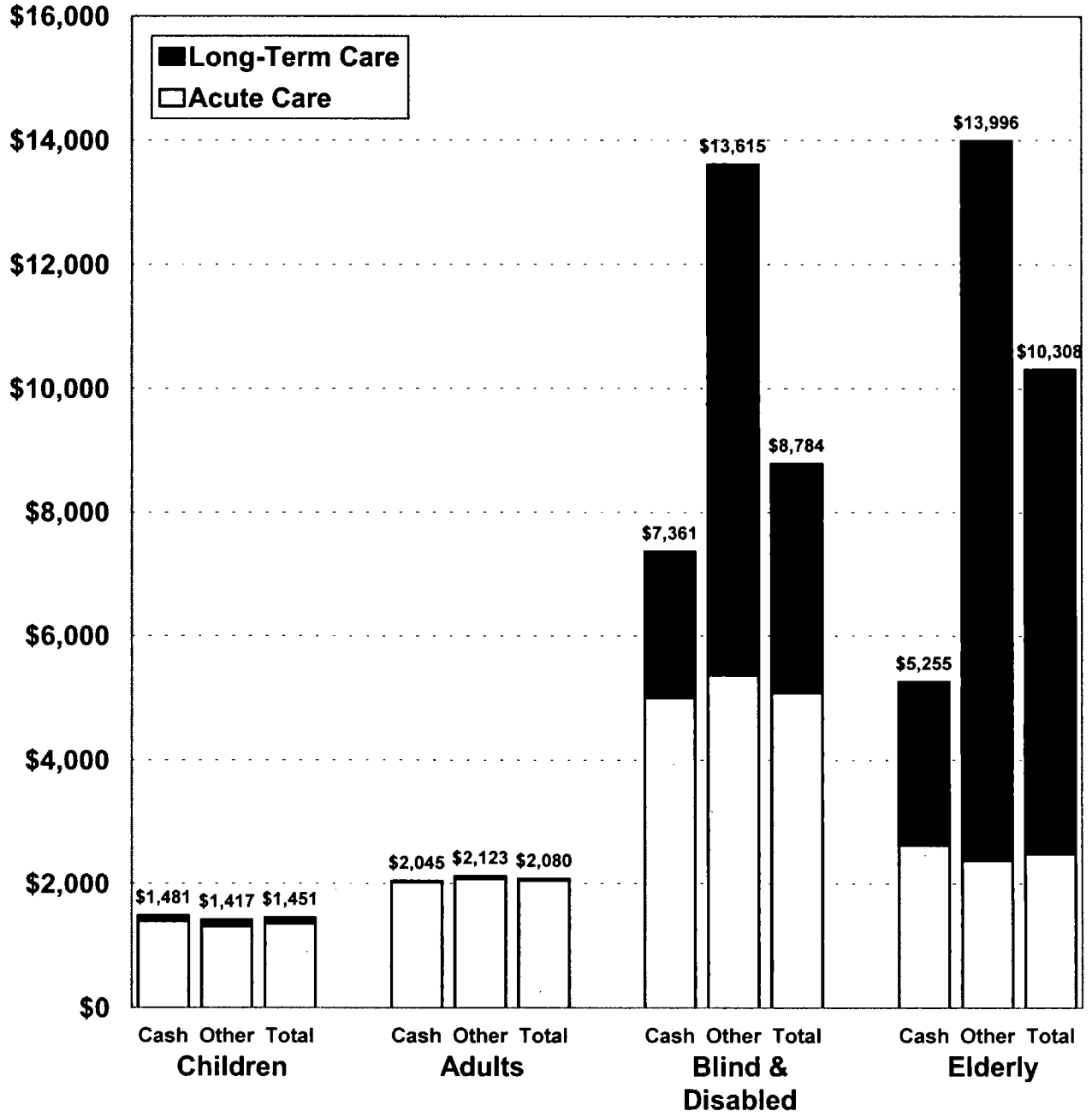
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "SNF/ICF-Other" refers to skilled nursing facilities/other intermediate care facilities. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) Expenditures for long-term care services are not shown by cash assistance status for adult and child beneficiaries because actual spending was only for a small number of individuals and does not necessarily represent the group as a whole.

Figure 9

Medicaid Expenditures per Beneficiary, by Group, Cash Assistance Status, and Type of Service, 1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA -64 reports.
Does not include disproportionate share hospital payments, the U.S. Territories, accounting adjustments, or administrative costs. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. "Cash" refers to individuals who receive AFDC or SSI. "Other" beneficiaries include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Payments to Medicare are included in spending for the elderly, blind, and disabled. Payments to managed care organizations are included in spending for all groups, but most of these payments are for children and adults; see Appendix C.

State Profiles, 1995

STATE PROFILES, 1995

Medicaid's design—joint federal-state funding but with states largely responsible for administration—has led to wide variations among individual programs. Many factors influence each program's size, scope and spending levels. Among these are the state's demographic characteristics, poverty rates, per capita income, cash assistance eligibility thresholds, Medicaid eligibility outreach efforts, provider participation rates and reimbursement levels; and political environment.

Beneficiaries

While totals varied from state to state, there were some patterns in the number and distribution of Medicaid beneficiaries. Non-disabled children for example, were the largest group in almost every state, accounting for nearly half of all beneficiaries nationwide. In New Mexico, children made up 60.2 percent of enrollment, in contrast to Oregon's 35.1 percent (Tables 8 and 9). Non-disabled adults generally were the second largest beneficiary group, averaging just under 23 percent of the national total. Medicaid programs in Hawaii, Oregon, and Tennessee have higher shares of non-disabled adults because they used section 1115 waivers to extend coverage to certain people who typically are not eligible for Medicaid.[1] Aged beneficiaries (65 and older) usually represent the smallest eligibility group, though this varies markedly from state to state. In South Carolina for instance, the elderly accounted for 15.5 percent of enrollment, compared with only 5.0 percent in Arizona.

The impact of Medicaid on health care coverage varies considerably from state to state. The number of Medicaid beneficiaries relative to a state's total population ranged from 6.8 percent in Nevada to 27.5 percent in Tennessee, averaging 13.4 percent nationally (Table 10, Figures 10 and 11). Medicaid, however, played a more significant role for the low-income population across all states, providing coverage to more than half (53.8 percent) of all low-income people in the United States. In Nevada, Medicaid accounted for less than one-third (30.6 percent) of all low-income persons. By contrast, in Tennessee the number of beneficiaries was greater than the low-income population (104.4 percent).

The extent of Medicaid coverage within a state is related to both poverty rates and program eligibility guidelines. Louisiana, whose population is relatively poor, provides Medicaid coverage to an above-average percentage of all its residents but a below-average share of those with low-incomes. By contrast, Connecticut, with a wealthier population than other states, provides Medicaid coverage to a smaller percentage of its residents, but a larger percentage of low-income residents.

State policies on eligibility also differ significantly. Some states have expanded coverage for children and pregnant women beyond the federally mandated floor. Others have more restrictive eligibility levels for AFDC and offer optional coverage to few categories of individuals (Table B-3). These policies, combined with state demographics lead to variations in coverage by states. Whereas, 51.5 percent of children in the District of Columbia were covered by Medicaid for example, only 12.8 percent were covered in Colorado (Table 11).

Other variables that affect coverage of adults are the use of section 1115 waivers and AFDC eligibility levels. Hawaii's and Tennessee's Medicaid programs each covered 13.8 percent of all adults as a result of their 1115 waivers. Maryland covered only 2.3 percent of adults. These factors also influenced the proportion of Medicaid beneficiaries that were covered because they received cash assistance through AFDC or SSI (Tables 12 through 16).

Expenditures

As with the number and distribution of beneficiaries, relative expenditure levels vary by state. In Connecticut and New Hampshire for example, less than 9 percent of total Medicaid expenditures were paid for children while in Alaska, Arizona, Florida and Utah more than one-quarter of spending was for kids (Tables 17 and 18). DSH payments are particularly divergent; some states report none (Tennessee, Wyoming) while others reported that 25 percent or more of total Medicaid spending was for DSH payments (Louisiana, Missouri, and New Hampshire).[2] Despite these differences, some similarities are seen in state spending patterns. For instance, almost every state spends more money on the aged, blind, and disabled, who account for a relatively small

[1] More information about section 1115 waivers, also called research and demonstration waivers, is provided in Appendix C.

[2] When Tennessee obtained its 1115 waiver, the Health Care Financing Administration allowed the state to fold DSH payments into overall program spending. The state stopped reporting DSH as a separate line item after the waiver went into effect.

share of total enrollment, than on younger adults and children.

Another variable is the share of federal and state dollars that go toward Medicaid. The federal government's share of Medicaid expenditures in 1995 was $86.9 billion, while states' obligations totaled almost $64.5 billion (Table 19). The amount of federal dollars each state receives depends on its choices regarding the size and scope of its Medicaid program, the use of alternative financing mechanisms, and the state's matching rate, called the federal medical assistance percentage, or FMAP.[3] Each state's FMAP is based on per capita income and ranges from 50 percent to nearly 79 percent (Table 19). Under this financing arrangement, 12 states and the District of Columbia receive one dollar in federal funds for each dollar they spend; the remaining 38 states receive more money.[4] Mississippi, for example, gets about four dollars in federal reimbursement for each dollar it spends.

Average spending per beneficiary depends on factors like the comprehensiveness of the state's benefit package, the composition of the state's beneficiary population, and state-determined provider payment rates.[5] Nationally, federal and state Medicaid spending (excluding DSH payments) averaged $3,789 per beneficiary (Table 20).[6] Spending per beneficiary was generally lower in East and West South Central, South Atlantic, Mountain and Pacific regions; near the national average in the East and West North Central regions; and higher in the New England and Mid Atlantic regions. Spending per child beneficiary ranged from $2,701 per child in Massachusetts to $740 in Idaho. Spending for other groups also showed wide variation across states, especially for the elderly where spending per beneficiary ranged $19,965 in Connecticut to $5,565 in Tennessee.

A high federal matching rate does not always translate into more federal dollars either in total or on a per beneficiary basis. Despite low federal matching rates, New England and Middle Atlantic states received the most federal Medicaid funds per beneficiary because they invested more state dollars in their programs compared to other states. Connecticut, Massachusetts, New Hampshire, New Jersey, and the District of Columbia—each with only 50 percent matching rates—received more federal dollars per beneficiary than the national average in 1995 (Table 21, Figure 12). On the other hand, states like Idaho, Kentucky, Mississippi, New Mexico, and Oklahoma fell below the national average of federal funds despite matching rates exceeding 70 percent.

A look at federal and state shares of Medicaid spending per capita and per low-income individual reveals similar patterns. On a nationwide basis, Medicaid spent $579 per capita and $2,327 per low-income person (Tables 22 and 23). New England and the Middle Atlantic states spent the most per capita and per low-income person. Seven states (Connecticut, Massachusetts, Maine, New Hampshire, New Jersey, New York and Rhode Island) and the District of Columbia spent more than $3,500 per low-income person, while Oklahoma and New Mexico spent less than $1,200. Total federal shares ranged from $683 in Nevada to over $2,450 in Connecticut, Massachusetts, Rhode Island, and New York (Figures 13). State spending was even more disparate, ranging from $297 per low-income person in New Mexico to over $2,450 in Connecticut, Massachusetts, and New York (Figure 14).

Expenditures by Type of Service

Another way to examine Medicaid spending is by major service category: acute care (including payments to MCOs and Medicare), long-term care, and DSH payments (Tables 24 and 25). Spending for acute care varied significantly across states, from a quarter of the total in New Hampshire to more than two-thirds in Alaska, Arizona, New Mexico, and Tennessee. The amount spent for acute care also varied considerably for the various beneficiary groups (Tables 26 and 27).

To receive federal Medicaid matching payments, states must offer a minimum acute care benefit package to their eligible populations. These services include inpatient and outpatient hospital services, physician services, rural health care, federally qualified health center services, laboratory and x-ray, family planning and EPSDT. States can opt to cover

[3] The FMAP, which is unique for each state and based on relative per capita income, is that portion of Medicaid spending financed by the federal government.

[4] The Balanced Budget Act of 1997 raised the District of Columbia's FMAP from 50 percent to 70 percent (effective October 1997). Consequently, the District will pay a smaller share of its future Medicaid costs.

[5] Because of the large impact of DSH payments in selected states, spending is shown with and without these amounts.

[6] This does not include DSH payments, administrative costs, or accounting adjustments, none of which are spent directly on Medicaid beneficiaries. With DSH payments, the average is equal to $4,328. Including accounting adjustments and administrative costs raises the average to about $4,518 per beneficiary.

additional optional acute care services and receive federal reimbursement—including dental, vision care, hospice, clinic services, and case management.[7] State spending on such services varied widely, averaging 23.5 percent of all acute care spending (Tables 28 and 29). This range was broad: Vermont, for example, spent 46.5 percent of its acute care dollars on optional services, while Maryland spent only 11.2 percent. Arizona and Hawaii reported even less spending on optional services, but these states cover some optional services through payments to MCOs.

Unlike acute care, long-term care spending for the different beneficiary groups was relatively consistent with the elderly, blind, and disabled accounting for 96.3% of the total (Tables 37 and 38). There is greater variation among states in spending for institutional long-term care. Nationally, more than 75 percent of Medicaid long-term care spending paid for services provided in skilled nursing facilities and intermediate care facilities for the mentally retarded (Tables 39 and 40). In Oregon, however, institutional care accounted for less than half (47.6 percent) of long-term care spending with a nearly equal amount (47.4 percent) going toward home health care.

To expand access to care and limit spending growth, many states have begun to enroll Medicaid beneficiaries in managed care plans. Payments to managed care organizations (MCOs) totaled $9.9 billion, or 12.5 percent of Medicaid acute care spending (Table 45). Despite rapidly rising enrollment in Medicaid MCOs nationwide, figures varied substantially by state. Indeed, twelve states reported very small or no payments to MCOs in 1995. Some of these states might have used managed care approaches such as primary care case management. If they did not make capitated payments to MCOs, then it would not be reflected in the data.

Medicaid also makes premium and cost-sharing payments to Medicare for low-income Medicare beneficiaries who are eligible for both programs. Total payments to Medicare in 1995 were highest in California and Florida, both of which have large elderly populations. Payments to Medicare averaged $396 per elderly and disabled person nationwide, and ranged from $144 in Minnesota to $1,231 in Connecticut.

The final category of Medicaid spending is DSH payments, which were originally intended to assist hospitals serving high volumes of uninsured and Medicaid patients. Its rapid growth in recent years has sparked considerable controversy. The distribution of total DSH payments was highly unequal across states in 1995 (Table 46 and Figure 15 and 16). About half of all DSH payments were concentrated in five states—California, Louisiana, New Jersey, New York and Texas. Certain states made disproportionately large DSH payments given the size of their uninsured populations. For instance, New Hampshire made DSH payments equal to $2,855 for every uninsured resident of the state. At the other extreme, states like Arkansas and Montana had extremely limited DSH programs, and Wyoming reported no DSH spending. The Balanced Budget Act of 1997 placed limits on aggregate DSH spending in each state, essentially locking the existing variations in place.

[7] In this report, payments to MCOs on behalf of Medicaid beneficiaries are treated as mandatory spending. Health Maintenance Organization benefits are likely to include some services considered to be optional in the basic Medicaid benefit package. This will overstate the inclusion of mandatory services in states with very high managed care penetration.

Beneficiaries

Table 8

Medicaid Beneficiaries, by Group, 1995

	Beneficiaries (thousands)				
	Total	Children	Adults	Blind & Disabled	Elderly
United States	**35,214**	**17,516**	**7,960**	**5,849**	**3,889**
New England	**1,603**	**732**	**349**	**298**	**223**
Connecticut	366	178	86	49	53
Maine	177	81	36	37	22
Massachusetts	725	311	153	161	101
New Hampshire	102	50	23	12	17
Rhode Island	136	61	30	25	20
Vermont	97	51	21	15	10
Middle Atlantic	**5,032**	**2,452**	**1,026**	**924**	**629**
New Jersey	777	359	184	144	90
New York	3,024	1,521	622	511	371
Pennsylvania	1,230	573	221	269	167
South Atlantic	**6,137**	**3,282**	**1,125**	**1,006**	**724**
Delaware	78	44	16	13	6
District of Columbia	137	73	33	23	8
Florida	1,734	1,038	209	276	211
Georgia	1,138	600	244	190	104
Maryland	413	207	73	86	47
North Carolina	1,076	537	243	144	152
South Carolina	494	237	87	94	77
Virginia	678	364	123	106	85
West Virginia	389	183	96	75	35
East South Central	**3,166**	**1,361**	**762**	**727**	**315**
Alabama	537	247	88	131	71
Kentucky	622	277	126	156	63
Mississippi	519	250	77	126	67
Tennessee (1)	1,487	588	472	313	114
West South Central	**4,036**	**2,149**	**819**	**559**	**509**
Arkansas	350	152	58	87	53
Louisiana	761	376	143	146	97
Oklahoma	393	200	86	56	51
Texas	2,531	1,421	532	270	308
East North Central	**5,235**	**2,664**	**1,163**	**896**	**512**
Illinois	1,550	816	331	277	127
Indiana	557	309	115	67	66
Michigan	1,164	549	306	223	86
Ohio	1,505	781	330	224	169
Wisconsin	459	208	82	105	64
West North Central	**2,009**	**1,013**	**441**	**302**	**253**
Iowa	304	141	75	50	38
Kansas	252	131	56	39	26
Minnesota	460	234	100	69	57
Missouri	695	348	157	98	93
Nebraska	163	92	27	23	21
North Dakota	61	29	13	9	11
South Dakota	73	38	13	13	9
Mountain	**1,598**	**880**	**372**	**224**	**123**
Arizona (1)	494	297	111	62	25
Colorado	293	130	77	49	37
Idaho	115	62	25	18	9
Montana	98	50	22	16	9
Nevada	105	54	23	16	11
New Mexico	283	170	58	37	17
Utah	160	88	44	19	9
Wyoming	51	28	11	6	6
Pacific	**6,398**	**2,983**	**1,902**	**914**	**599**
Alaska	68	39	18	7	4
California	4,942	2,322	1,392	742	486
Hawaii (1)	228	98	99	14	17
Oregon (1)	452	159	209	46	38
Washington	708	366	184	105	53

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 9

Distribution of Medicaid Beneficiaries, by Group, 1995

	Total	Children	Adults	Blind & Disabled	Elderly
United States	**100.0%**	**49.7%**	**22.6%**	**16.6%**	**11.0%**
New England	**100.0%**	**45.7%**	**21.8%**	**18.6%**	**13.9%**
Connecticut	100.0	48.6	23.6	13.3	14.5
Maine	100.0	46.0	20.6	20.7	12.7
Massachusetts	100.0	42.9	21.0	22.1	14.0
New Hampshire	100.0	49.0	22.5	11.9	16.6
Rhode Island	100.0	44.8	22.1	18.6	14.5
Vermont	100.0	52.6	21.9	15.1	10.4
Middle Atlantic	**100.0%**	**48.7%**	**20.4%**	**18.4%**	**12.5%**
New Jersey	100.0	46.2	23.6	18.5	11.6
New York	100.0	50.3	20.6	16.9	12.3
Pennsylvania	100.0	46.6	18.0	21.9	13.6
South Atlantic	**100.0%**	**53.5%**	**18.3%**	**16.4%**	**11.8%**
Delaware	100.0	55.8	20.2	16.2	7.8
District of Columbia	100.0	53.5	24.3	16.5	5.7
Florida	100.0	59.9	12.1	15.9	12.2
Georgia	100.0	52.7	21.4	16.7	9.1
Maryland	100.0	50.2	17.8	20.8	11.3
North Carolina	100.0	49.9	22.6	13.4	14.1
South Carolina	100.0	47.9	17.6	19.1	15.5
Virginia	100.0	53.7	18.2	15.6	12.6
West Virginia	100.0	47.1	24.8	19.2	8.9
East South Central	**100.0%**	**43.0%**	**24.1%**	**23.0%**	**10.0%**
Alabama	100.0	46.0	16.3	24.4	13.3
Kentucky	100.0	44.5	20.2	25.1	10.2
Mississippi	100.0	48.1	14.9	24.2	12.8
Tennessee (1)	100.0	39.5	31.7	21.1	7.7
West South Central	**100.0%**	**53.2%**	**20.3%**	**13.9%**	**12.6%**
Arkansas	100.0	43.5	16.5	25.0	15.0
Louisiana	100.0	49.4	18.7	19.1	12.7
Oklahoma	100.0	50.8	21.9	14.3	13.0
Texas	100.0	56.1	21.0	10.7	12.2
East North Central	**100.0%**	**50.9%**	**22.2%**	**17.1%**	**9.8%**
Illinois	100.0	52.6	21.3	17.9	8.2
Indiana	100.0	55.5	20.6	12.1	11.8
Michigan	100.0	47.2	26.3	19.1	7.4
Ohio	100.0	51.9	21.9	14.9	11.2
Wisconsin	100.0	45.4	17.9	22.8	14.0
West North Central	**100.0%**	**50.4%**	**21.9%**	**15.0%**	**12.6%**
Iowa	100.0	46.5	24.7	16.5	12.4
Kansas	100.0	51.9	22.3	15.6	10.2
Minnesota	100.0	50.9	21.6	15.1	12.3
Missouri	100.0	50.1	22.5	14.0	13.4
Nebraska	100.0	56.5	16.6	14.2	12.7
North Dakota	100.0	46.7	21.4	14.2	17.6
South Dakota	100.0	51.8	17.8	18.2	12.2
Mountain	**100.0%**	**55.0%**	**23.3%**	**14.0%**	**7.7%**
Arizona (1)	100.0	60.1	22.5	12.5	5.0
Colorado	100.0	44.5	26.2	16.9	12.5
Idaho	100.0	54.3	21.5	16.1	8.1
Montana	100.0	51.3	22.9	16.6	9.2
Nevada	100.0	51.4	22.3	15.5	10.8
New Mexico	100.0	60.2	20.6	13.0	6.1
Utah	100.0	55.1	27.4	11.9	5.7
Wyoming	100.0	54.4	21.9	12.1	11.5
Pacific	**100.0%**	**46.6%**	**29.7%**	**14.3%**	**9.4%**
Alaska	100.0	57.0	26.6	9.8	6.6
California	100.0	47.0	28.2	15.0	9.8
Hawaii (1)	100.0	42.9	43.5	6.0	7.6
Oregon (1)	100.0	35.1	46.3	10.2	8.4
Washington	100.0	51.7	26.0	14.8	7.5

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 10

Medicaid Beneficiaries and Low-income Persons as a Percentage of State Population, 1995

	Total Population (thousands)	Medicaid Beneficiaries (thousands)	Beneficiaries as a % of State Population	Total Low-income Population (thousands) (1)	Low-Income Persons as a % of State Population (1)	Medicaid Beneficiaries as a % of Low-income Population (1)
United States	**263,209**	**35,214**	**13.4%**	**65,498**	**24.9%**	**53.8%**
New England	**13,194**	**1,603**	**12.1%**	**2,480**	**18.8%**	**64.6%**
Connecticut	3,240	366	11.3	579	17.9	63.2
Maine	1,214	177	14.5	253	20.8	69.9
Massachusetts	6,041	725	12.0	1,134	18.8	63.9
New Hampshire	1,137	102	9.0	183	16.1	55.8
Rhode Island	966	136	14.0	208	21.5	65.3
Vermont	595	97	16.4	123	20.7	78.9
Middle Atlantic	**38,209**	**5,032**	**13.2%**	**8,782**	**23.0%**	**57.3%**
New Jersey	7,916	777	9.8	1,372	17.3	56.6
New York	18,273	3,024	16.5	4,791	26.2	63.1
Pennsylvania	12,019	1,230	10.2	2,619	21.8	47.0
South Atlantic	**46,880**	**6,137**	**13.1%**	**11,741**	**25.0%**	**52.3%**
Delaware	698	78	11.2	132	18.9	59.3
District of Columbia	583	137	23.5	198	34.0	69.0
Florida	14,313	1,734	12.1	3,895	27.2	44.5
Georgia	7,254	1,138	15.7	1,858	25.6	61.2
Maryland	5,092	413	8.1	970	19.0	42.5
North Carolina	6,926	1,076	15.5	1,707	24.7	63.0
South Carolina	3,705	494	13.3	1,129	30.5	43.8
Virginia	6,506	678	10.4	1,289	19.8	52.6
West Virginia	1,802	389	21.6	562	31.2	69.2
East South Central	**16,281**	**3,166**	**19.4%**	**4,804**	**29.5%**	**65.9%**
Alabama	4,352	537	12.3	1,331	30.6	40.4
Kentucky	3,873	622	16.1	1,088	28.1	57.2
Mississippi	2,640	519	19.7	960	36.3	54.1
Tennessee (2)	5,416	1,487	27.5	1,425	26.3	104.4
West South Central	**28,900**	**4,036**	**14.0%**	**8,965**	**31.0%**	**45.0%**
Arkansas	2,474	350	14.1	751	30.3	46.6
Louisiana	4,339	761	17.5	1,542	35.6	49.4
Oklahoma	3,219	393	12.2	958	29.8	41.0
Texas	18,868	2,531	13.4	5,714	30.3	44.3
East North Central	**43,601**	**5,235**	**12.0%**	**9,291**	**21.3%**	**56.4%**
Illinois	11,821	1,550	13.1	2,659	22.5	58.3
Indiana	5,837	557	9.6	1,244	21.3	44.8
Michigan	9,583	1,164	12.1	2,072	21.6	56.2
Ohio	11,196	1,505	13.4	2,468	22.0	61.0
Wisconsin	5,164	459	8.9	847	16.4	54.2
West North Central	**18,108**	**2,009**	**11.1%**	**3,932**	**21.7%**	**51.1%**
Iowa	2,857	304	10.6	590	20.7	51.4
Kansas	2,533	252	9.9	635	25.1	39.6
Minnesota	4,562	460	10.1	875	19.2	52.6
Missouri	5,143	695	13.5	1,190	23.1	58.4
Nebraska	1,651	163	9.9	312	18.9	52.4
North Dakota	633	61	9.7	145	22.9	42.3
South Dakota	728	73	10.1	185	25.4	39.8
Mountain	**15,815**	**1,598**	**10.1%**	**3,883**	**24.6%**	**41.2%**
Arizona (2)	4,290	494	11.5	1,262	29.4	39.1
Colorado	3,779	293	7.7	631	16.7	46.4
Idaho	1,146	115	10.0	280	24.5	41.0
Montana	859	98	11.4	218	25.4	44.7
Nevada	1,543	105	6.8	342	22.1	30.6
New Mexico	1,747	283	16.2	649	37.1	43.6
Utah	1,965	160	8.2	393	20.0	40.8
Wyoming	484	51	10.6	108	22.4	47.3
Pacific	**42,223**	**6,398**	**15.2%**	**11,621**	**27.5%**	**55.1%**
Alaska	611	68	11.1	133	21.7	51.3
California	31,924	4,942	15.5	9,356	29.3	52.8
Hawaii (2)	1,147	228	19.9	275	23.9	83.1
Oregon (2)	3,193	452	14.2	709	22.2	63.8
Washington	5,348	708	13.2	1,149	21.5	61.6

Source: Urban Institute calculations based on data from HCFA-2082 reports and the March 1996 Current Population Survey.

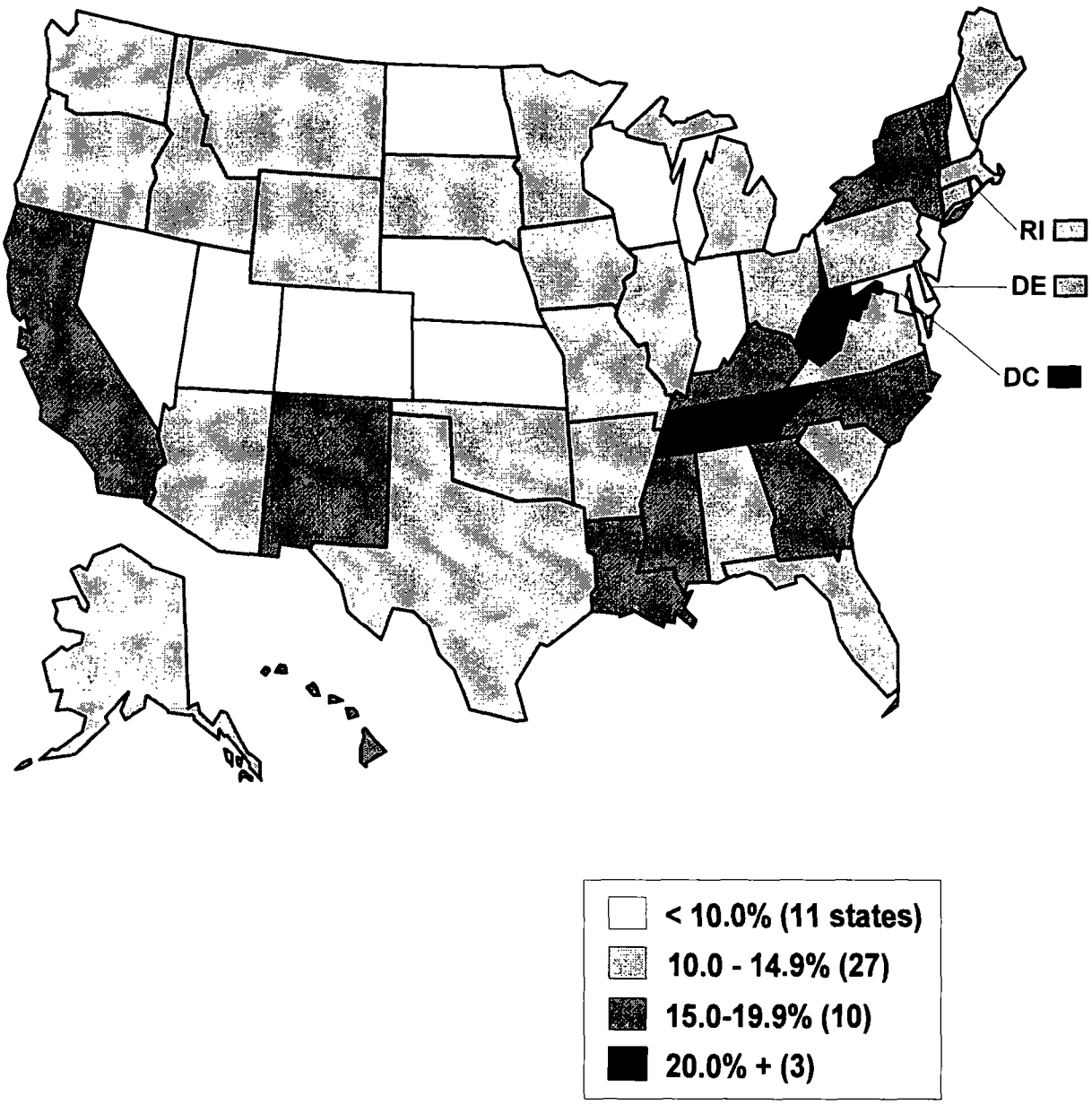
Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

(1) Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Figure 10

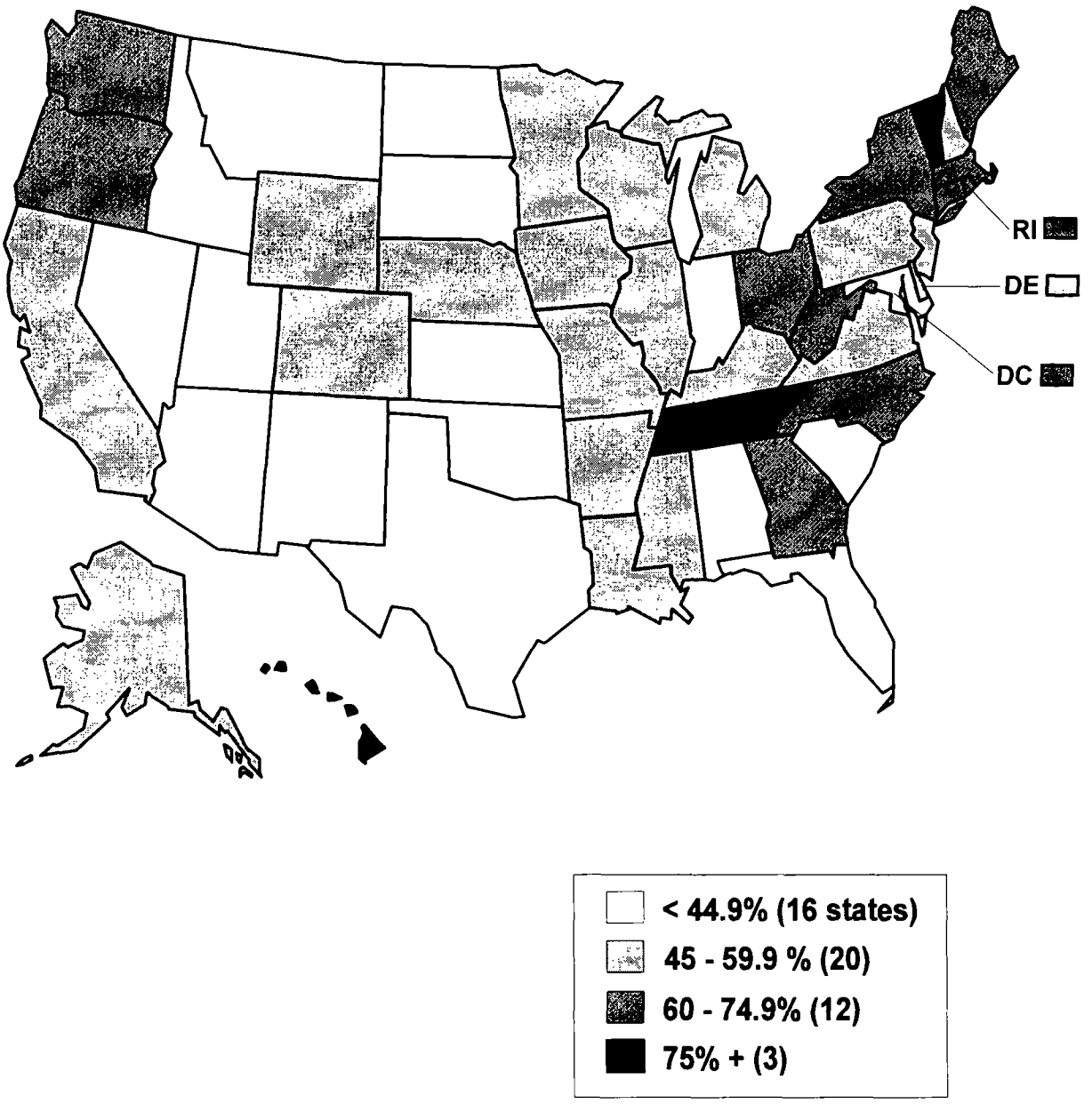
Medicaid Beneficiaries as a Percentage of State Population, 1995



Source: Urban Institute calculations based on data from HCFA-2082 reports and the March 1996 Current Population Survey.
Does not include the U.S. Territories. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received direclty from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Figure 11

Medicaid Beneficiaries as a Percentage of Low-income Population, 1995*



Source: Urban Institute calculations based on data from HCFA-2082 reports and the March 1996 Current Population Survey.
Does not include the U S. Territories. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. For certain states with active 1115 waivers (AZ, HI. OR, TN), expenditure and beneficiary data were supplemented with data received direclty from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.
**Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.*

Table 11

Medicaid Beneficiaries as a Percentage of State Population, by Group, 1995

	Beneficiaries (thousands) (1)	Children		Adults		Elderly	
		Residents (thousands)	Percentage on Medicaid	Residents (thousands)	Percentage on Medicaid	Residents (thousands)	Percentage on Medicaid
United States	**35,214**	**70,828**	**24.7%**	**160,918**	**4.9%**	**31,463**	**12.4%**
New England	**1,603**	**3,250**	**22.5%**	**8,217**	**4.3%**	**1,727**	**12.9%**
Connecticut	366	818	21.7	1,956	4.4	466	11.4
Maine	177	288	28.2	762	4.8	164	13.7
Massachusetts	725	1,460	21.3	3,843	4.0	739	13.7
New Hampshire	102	285	17.5	711	3.2	140	12.1
Rhode Island	136	234	25.9	578	5.2	154	12.7
Vermont	97	163	31.3	367	5.8	64	15.7
Middle Atlantic	**5,032**	**9,797**	**25.0%**	**23,339**	**4.4%**	**5,072**	**12.4%**
New Jersey	777	2,018	17.8	4,895	3.8	1,004	9.0
New York	3,024	4,763	31.9	11,177	5.6	2,334	15.9
Pennsylvania	1,230	3,017	19.0	7,267	3.0	1,735	9.7
South Atlantic	**6,137**	**11,761**	**27.9%**	**28,989**	**3.9%**	**6,129**	**11.8%**
Delaware	78	164	26.6	454	3.5	80	7.6
District of Columbia	137	142	51.5	376	8.8	64	12.1
Florida	1,734	3,554	29.2	8,408	2.5	2,351	9.0
Georgia	1,138	1,991	30.1	4,505	5.4	757	13.7
Maryland	413	1,322	15.7	3,166	2.3	604	7.7
North Carolina	1,076	1,574	34.1	4,454	5.5	898	17.0
South Carolina	494	1,013	23.3	2,290	3.8	401	19.1
Virginia	678	1,609	22.6	4,211	2.9	686	12.4
West Virginia	389	392	46.7	1,123	8.6	287	12.1
East South Central	**3,166**	**4,400**	**30.9%**	**9,931**	**7.7%**	**1,950**	**16.2%**
Alabama	537	1,200	20.6	2,564	3.4	588	12.1
Kentucky	622	1,019	27.2	2,360	5.3	494	12.8
Mississippi	519	729	34.2	1,592	4.9	318	20.9
Tennessee (2)	1,487	1,451	40.5	3,415	13.8	549	20.8
West South Central	**4,036**	**8,359**	**25.7%**	**17,574**	**4.7%**	**2,967**	**17.2%**
Arkansas	350	643	23.7	1,512	3.8	320	16.5
Louisiana	761	1,229	30.6	2,661	5.4	449	21.6
Oklahoma	393	849	23.5	1,955	4.4	415	12.4
Texas	2,531	5,637	25.2	11,447	4.7	1,784	17.3
East North Central	**5,235**	**11,996**	**22.2%**	**26,396**	**4.4%**	**5,210**	**9.8%**
Illinois	1,550	3,218	25.4	7,220	4.6	1,384	9.2
Indiana	557	1,610	19.2	3,498	3.3	729	9.0
Michigan	1,164	2,655	20.7	5,748	5.3	1,179	7.3
Ohio	1,505	3,065	25.5	6,741	4.9	1,389	12.2
Wisconsin	459	1,448	14.4	3,189	2.6	527	12.1
West North Central	**2,009**	**4,882**	**20.7%**	**10,978**	**4.0%**	**2,247**	**11.3%**
Iowa	304	800	17.6	1,666	4.5	390	9.6
Kansas	252	699	18.7	1,529	3.7	305	8.4
Minnesota	460	1,272	18.4	2,810	3.5	480	11.8
Missouri	695	1,231	28.3	3,201	4.9	711	13.1
Nebraska	163	480	19.2	984	2.8	187	11.1
North Dakota	61	180	15.9	371	3.5	82	13.1
South Dakota	73	220	17.2	416	3.1	91	9.8
Mountain	**1,598**	**4,574**	**19.2%**	**9,550**	**3.9%**	**1,691**	**7.3%**
Arizona (2)	494	1,224	24.2	2,540	4.4	527	4.7
Colorado	293	1,020	12.8	2,450	3.1	309	11.8
Idaho	115	325	19.2	692	3.6	129	7.2
Montana	98	224	22.3	514	4.4	121	7.4
Nevada	105	399	13.5	958	2.4	186	6.1
New Mexico	283	556	30.6	1,003	5.8	188	9.3
Utah	160	687	12.9	1,090	4.0	188	4.9
Wyoming	51	139	20.1	303	3.7	42	14.0
Pacific	**6,398**	**11,810**	**25.3%**	**25,944**	**7.3%**	**4,469**	**13.4%**
Alaska	68	196	19.8	391	4.6	24	18.7
California	4,942	9,101	25.5	19,436	7.2	3,387	14.4
Hawaii (2)	228	280	34.9	722	13.8	145	12.0
Oregon (2)	452	851	18.6	1,980	10.6	362	10.4
Washington	708	1,381	26.5	3,415	5.4	552	9.6

Source: Urban Institute calculations based on data from HCFA-2082 reports and the March 1996 Current Population Survey.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Includes blind and disabled beneficiaries.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 12

Medicaid Beneficiaries, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(thousands)	% of Total Beneficiaries in the State	(thousands)	% of Total Beneficiaries in the State	(thousands)	% of Total Beneficiaries in the State
United States	**35,214**	**100.0%**	**19,737**	**56.0%**	**15,477**	**44.0%**
New England	**1,603**	**100.0%**	**943**	**58.8%**	**660**	**41.2%**
Connecticut (1)	366	100.0	218	59.7	147	40.3
Maine	177	100.0	89	50.6	87	49.4
Massachusetts	725	100.0	434	59.9	291	40.1
New Hampshire (1)	102	100.0	66	64.5	36	35.5
Rhode Island	136	100.0	92	67.9	43	32.1
Vermont	97	100.0	43	44.1	54	55.9
Middle Atlantic	**5,032**	**100.0%**	**3,157**	**62.7%**	**1,875**	**37.3%**
New Jersey	777	100.0	484	62.3	293	37.7
New York	3,024	100.0	2,030	67.1	994	32.9
Pennsylvania	1,230	100.0	642	52.2	588	47.8
South Atlantic	**6,137**	**100.0%**	**3,347**	**54.5%**	**2,790**	**45.5%**
Delaware	78	100.0	41	52.4	37	47.6
District of Columbia	137	100.0	112	82.2	24	17.8
Florida	1,734	100.0	1,008	58.1	726	41.9
Georgia	1,138	100.0	600	52.7	538	47.3
Maryland	413	100.0	233	56.4	180	43.6
North Carolina (1)	1,076	100.0	522	48.5	554	51.5
South Carolina	494	100.0	257	52.0	237	48.0
Virginia	678	100.0	351	51.7	327	48.3
West Virginia	389	100.0	223	57.5	165	42.5
East South Central	**3,166**	**100.0%**	**1,650**	**52.1%**	**1,516**	**47.9%**
Alabama	537	100.0	293	54.4	245	45.6
Kentucky	622	100.0	366	58.9	256	41.1
Mississippi	519	100.0	323	62.3	196	37.7
Tennessee (2)	1,487	100.0	668	44.9	820	55.1
West South Central	**4,036**	**100.0%**	**2,086**	**51.7%**	**1,949**	**48.3%**
Arkansas	350	100.0	184	52.7	165	47.3
Louisiana	761	100.0	440	57.8	321	42.2
Oklahoma	393	100.0	230	58.4	164	41.6
Texas	2,531	100.0	1,232	48.7	1,299	51.3
East North Central	**5,235**	**100.0%**	**3,040**	**58.1%**	**2,196**	**41.9%**
Illinois	1,550	100.0	891	57.5	659	42.5
Indiana	557	100.0	310	55.7	247	44.3
Michigan	1,164	100.0	716	61.5	448	38.5
Ohio (1)	1,505	100.0	868	57.7	637	42.3
Wisconsin	459	100.0	255	55.5	204	44.5
West North Central	**2,009**	**100.0%**	**985**	**49.0%**	**1,024**	**51.0%**
Iowa	304	100.0	159	52.5	144	47.5
Kansas	252	100.0	122	48.3	130	51.7
Minnesota	460	100.0	232	50.5	228	49.5
Missouri	695	100.0	346	49.8	349	50.2
Nebraska	163	100.0	65	39.9	98	60.1
North Dakota	61	100.0	27	43.7	34	56.3
South Dakota	73	100.0	34	45.9	40	54.1
Mountain	**1,598**	**100.0%**	**811**	**50.7%**	**788**	**49.3%**
Arizona (2)	494	100.0	264	53.4	230	46.6
Colorado	293	100.0	158	54.0	135	46.0
Idaho	115	100.0	40	34.5	75	65.5
Montana	98	100.0	53	54.2	45	45.8
Nevada	105	100.0	47	44.7	58	55.3
New Mexico	283	100.0	169	59.6	114	40.4
Utah	160	100.0	58	36.4	102	63.6
Wyoming	51	100.0	23	44.2	29	55.8
Pacific	**6,398**	**100.0%**	**3,718**	**58.1%**	**2,680**	**41.9%**
Alaska	68	100.0	44	64.6	24	35.4
California	4,942	100.0	2,995	60.6	1,947	39.4
Hawaii (1,2)	228	100.0	104	45.7	124	54.3
Oregon (2)	452	100.0	172	38.0	280	62.0
Washington	708	100.0	403	57.0	305	43.0

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 13

Medicaid Child Beneficiaries, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(thousands)	% of Child Beneficiaries in the State	(thousands)	% of Child Beneficiaries in the State	(thousands)	% of Child Beneficiaries in the State
United States	**17,516**	**100.0%**	**9,189**	**52.5%**	**8,327**	**47.5%**
New England	**732**	**100.0%**	**444**	**60.7%**	**288**	**39.3%**
Connecticut	178	100.0	120	67.6	58	32.4
Maine	81	100.0	36	44.4	45	55.6
Massachusetts	311	100.0	187	60.1	124	39.9
New Hampshire	50	100.0	39	77.3	11	22.7
Rhode Island	61	100.0	45	73.5	16	26.5
Vermont	51	100.0	18	35.0	33	65.0
Middle Atlantic	**2,452**	**100.0%**	**1,510**	**61.6%**	**942**	**38.4%**
New Jersey	359	100.0	217	60.3	142	39.7
New York	1,521	100.0	1,016	66.8	505	33.2
Pennsylvania	573	100.0	278	48.5	295	51.5
South Atlantic	**3,282**	**100.0%**	**1,635**	**49.8%**	**1,647**	**50.2%**
Delaware	44	100.0	20	46.0	24	54.0
District of Columbia	73	100.0	62	84.6	11	15.4
Florida	1,038	100.0	548	52.7	491	47.3
Georgia	600	100.0	269	44.8	331	55.2
Maryland	207	100.0	109	52.5	98	47.5
North Carolina	537	100.0	278	51.8	259	48.2
South Carolina	237	100.0	104	44.0	133	56.0
Virginia	364	100.0	152	41.8	212	58.2
West Virginia	183	100.0	94	51.1	89	48.9
East South Central	**1,361**	**100.0%**	**581**	**42.7%**	**781**	**57.3%**
Alabama	247	100.0	87	35.1	160	64.9
Kentucky	277	100.0	131	47.2	146	52.8
Mississippi	250	100.0	121	48.5	129	51.5
Tennessee (1)	588	100.0	242	41.2	346	58.8
West South Central	**2,149**	**100.0%**	**922**	**42.9%**	**1,227**	**57.1%**
Arkansas	152	100.0	63	41.5	89	58.5
Louisiana	376	100.0	188	49.9	188	50.1
Oklahoma	200	100.0	111	55.8	88	44.2
Texas	1,421	100.0	559	39.4	861	60.6
East North Central	**2,664**	**100.0%**	**1,549**	**58.2%**	**1,115**	**41.8%**
Illinois	816	100.0	480	58.9	336	41.1
Indiana	309	100.0	169	54.7	140	45.3
Michigan	549	100.0	338	61.4	212	38.6
Ohio	781	100.0	476	60.9	306	39.1
Wisconsin	208	100.0	86	41.5	122	58.5
West North Central	**1,013**	**100.0%**	**477**	**47.1%**	**536**	**52.9%**
Iowa	141	100.0	71	50.2	70	49.8
Kansas	131	100.0	64	48.9	67	51.1
Minnesota	234	100.0	122	52.0	112	48.0
Missouri	348	100.0	168	48.4	180	51.6
Nebraska	92	100.0	28	30.4	64	69.6
North Dakota	29	100.0	10	36.0	18	64.0
South Dakota	38	100.0	14	36.0	24	64.0
Mountain	**880**	**100.0%**	**403**	**45.8%**	**477**	**54.2%**
Arizona (1)	297	100.0	135	45.7	161	54.3
Colorado	130	100.0	70	53.7	60	46.3
Idaho	62	100.0	19	30.9	43	69.1
Montana	50	100.0	25	50.7	25	49.3
Nevada	54	100.0	27	49.6	27	50.4
New Mexico	170	100.0	87	50.9	84	49.1
Utah	88	100.0	28	32.1	60	67.9
Wyoming	28	100.0	11	40.8	17	59.2
Pacific	**2,983**	**100.0%**	**1,668**	**55.9%**	**1,315**	**44.1%**
Alaska	39	100.0	26	66.9	13	33.1
California	2,322	100.0	1,295	55.8	1,027	44.2
Hawaii (1)	98	100.0	61	62.6	37	37.4
Oregon (1)	159	100.0	95	59.9	64	40.1
Washington	366	100.0	191	52.1	175	47.9

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Child beneficiaries are non-disabled individuals under 18. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 14

Medicaid Adult Beneficiaries, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(thousands)	% of Adult Beneficiaries in the State	(thousands)	% of Adult Beneficiaries in the State	(thousands)	% of Adult Beneficiaries in the State
United States	**7,960**	**100.0%**	**4,389**	**55.1%**	**3,571**	**44.9%**
New England	**349**	**100.0%**	**239**	**68.3%**	**111**	**31.7%**
Connecticut	86	100.0	61	71.1	25	28.9
Maine	36	100.0	22	60.3	14	39.7
Massachusetts	153	100.0	104	68.1	49	31.9
New Hampshire	23	100.0	17	76.0	6	24.0
Rhode Island	30	100.0	23	75.3	7	24.7
Vermont	21	100.0	11	52.8	10	47.2
Middle Atlantic	**1,026**	**100.0%**	**680**	**66.3%**	**346**	**33.7%**
New Jersey	184	100.0	114	62.1	70	37.9
New York	622	100.0	438	70.5	183	29.5
Pennsylvania	221	100.0	127	57.7	93	42.3
South Atlantic	**1,125**	**100.0%**	**661**	**58.7%**	**464**	**41.3%**
Delaware	16	100.0	9	56.2	7	43.8
District of Columbia	33	100.0	29	87.1	4	12.9
Florida	209	100.0	136	64.9	74	35.1
Georgia	244	100.0	124	50.9	120	49.1
Maryland	73	100.0	47	64.2	26	35.8
North Carolina	243	100.0	147	60.5	96	39.5
South Carolina	87	100.0	38	43.9	49	56.1
Virginia	123	100.0	73	59.4	50	40.6
West Virginia	96	100.0	57	59.4	39	40.6
East South Central	**762**	**100.0%**	**276**	**36.2%**	**487**	**63.8%**
Alabama	88	100.0	41	46.3	47	53.7
Kentucky	126	100.0	65	51.7	61	48.3
Mississippi	77	100.0	53	69.1	24	30.9
Tennessee (1)	472	100.0	117	24.8	355	75.2
West South Central	**819**	**100.0%**	**402**	**49.1%**	**417**	**50.9%**
Arkansas	58	100.0	22	37.4	36	62.6
Louisiana	143	100.0	76	53.0	67	47.0
Oklahoma	86	100.0	44	51.2	42	48.8
Texas	532	100.0	261	49.0	272	51.0
East North Central	**1,163**	**100.0%**	**764**	**65.7%**	**399**	**34.3%**
Illinois	331	100.0	202	61.1	129	38.9
Indiana	115	100.0	89	77.2	26	22.8
Michigan	306	100.0	184	60.2	122	39.8
Ohio	330	100.0	236	71.6	94	28.4
Wisconsin	82	100.0	53	65.2	29	34.8
West North Central	**441**	**100.0%**	**244**	**55.5%**	**196**	**44.5%**
Iowa	75	100.0	42	55.8	33	44.2
Kansas	56	100.0	33	59.0	23	41.0
Minnesota	100	100.0	54	54.3	45	45.7
Missouri	157	100.0	89	56.5	68	43.5
Nebraska	27	100.0	14	52.3	13	47.7
North Dakota	13	100.0	6	48.3	7	51.7
South Dakota	13	100.0	6	48.4	7	51.6
Mountain	**372**	**100.0%**	**193**	**51.9%**	**179**	**48.1%**
Arizona (1)	111	100.0	61	55.3	50	44.7
Colorado	77	100.0	35	45.4	42	54.6
Idaho	25	100.0	9	38.2	15	61.8
Montana	22	100.0	12	54.0	10	46.0
Nevada	23	100.0	13	57.0	10	43.0
New Mexico	58	100.0	40	68.6	18	31.4
Utah	44	100.0	16	37.5	27	62.5
Wyoming	11	100.0	5	46.5	6	53.5
Pacific	**1,902**	**100.0%**	**931**	**48.9%**	**972**	**51.1%**
Alaska	18	100.0	12	66.9	6	33.1
California	1,392	100.0	738	53.0	654	47.0
Hawaii (1)	99	100.0	32	32.4	67	67.6
Oregon (1)	209	100.0	42	20.2	167	79.8
Washington	184	100.0	106	57.9	78	42.1

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Adult beneficiaries are non-disabled individuals between 19 and 64. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 15

Medicaid Blind and Disabled Beneficiaries by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(thousands)	% of Blind and Disabled Beneficiaries in the State	(thousands)	% of Blind and Disabled Beneficiaries in the State	(thousands)	% of Blind and Disabled Beneficiaries in the State
United States	**5,849**	**100.0%**	**4,518**	**77.2%**	**1,331**	**22.8%**
New England	**298**	**100.0%**	**206**	**69.2%**	**92**	**30.8%**
Connecticut (1)	49	100.0	27	55.8	22	44.2
Maine	37	100.0	25	69.1	11	30.9
Massachusetts	161	100.0	116	72.6	44	27.4
New Hampshire (1)	12	100.0	7	55.8	5	44.2
Rhode Island	25	100.0	20	77.7	6	22.3
Vermont	15	100.0	11	73.1	4	26.9
Middle Atlantic	**924**	**100.0%**	**693**	**75.0%**	**231**	**25.0%**
New Jersey	144	100.0	118	81.7	26	18.3
New York	511	100.0	400	78.3	111	21.7
Pennsylvania	269	100.0	175	65.2	94	34.8
South Atlantic	**1,006**	**100.0%**	**750**	**74.5%**	**256**	**25.5%**
Delaware	13	100.0	10	77.0	3	23.0
District of Columbia	23	100.0	18	79.1	5	20.9
Florida	276	100.0	228	82.6	48	17.4
Georgia	190	100.0	161	84.5	29	15.5
Maryland	86	100.0	59	68.5	27	31.5
North Carolina (1)	144	100.0	58	40.4	86	59.6
South Carolina	94	100.0	75	79.2	20	20.8
Virginia	106	100.0	86	81.0	20	19.0
West Virginia	75	100.0	56	75.2	19	24.8
East South Central	**727**	**100.0%**	**636**	**87.5%**	**91**	**12.5%**
Alabama	131	100.0	126	95.6	6	4.4
Kentucky	156	100.0	142	90.8	14	9.2
Mississippi	126	100.0	113	89.9	13	10.1
Tennessee (2)	313	100.0	256	81.6	58	18.4
West South Central	**559**	**100.0%**	**489**	**87.4%**	**71**	**12.6%**
Arkansas	87	100.0	77	88.4	10	11.6
Louisiana	146	100.0	125	85.8	21	14.2
Oklahoma	56	100.0	47	83.3	9	16.7
Texas	270	100.0	240	88.7	30	11.3
East North Central	**896**	**100.0%**	**610**	**68.1%**	**286**	**31.9%**
Illinois	277	100.0	182	65.8	95	34.2
Indiana	67	100.0	37	55.4	30	44.6
Michigan	223	100.0	170	76.4	53	23.6
Ohio (1)	224	100.0	125	55.8	99	44.2
Wisconsin	105	100.0	95	90.9	9	9.1
West North Central	**302**	**100.0%**	**201**	**66.6%**	**101**	**33.4%**
Iowa	50	100.0	38	75.4	12	24.6
Kansas	39	100.0	23	58.9	16	41.1
Minnesota	69	100.0	44	63.0	26	37.0
Missouri	98	100.0	62	63.6	36	36.4
Nebraska	23	100.0	17	72.7	6	27.3
North Dakota	9	100.0	6	71.7	2	28.3
South Dakota	13	100.0	11	82.5	2	17.5
Mountain	**224**	**100.0%**	**157**	**70.2%**	**67**	**29.8%**
Arizona (2)	62	100.0	56	90.7	6	9.3
Colorado	49	100.0	29	58.1	21	41.9
Idaho	18	100.0	9	47.2	10	52.8
Montana	16	100.0	13	80.8	3	19.2
Nevada	16	100.0	3	15.9	14	84.1
New Mexico	37	100.0	33	89.1	4	10.9
Utah	19	100.0	11	56.6	8	43.4
Wyoming	6	100.0	5	74.4	2	25.6
Pacific	**914**	**100.0%**	**776**	**84.9%**	**138**	**15.1%**
Alaska	7	100.0	5	69.3	2	30.7
California	742	100.0	655	88.3	87	11.7
Hawaii (1,2)	14	100.0	8	55.8	6	44.2
Oregon (2)	46	100.0	22	48.2	24	51.8
Washington	105	100.0	86	82.1	19	17.9

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. The blind and disabled beneficiary group includes individuals who, regardless of age, qualify for Medicaid because of disability. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 16

Medicaid Elderly Beneficiaries, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(thousands)	% of Elderly Beneficiaries in the State	(thousands)	% of Elderly Beneficiaries in the State	(thousands)	% of Elderly Beneficiaries in the State
United States	**3,889**	**100.0%**	**1,640**	**42.2%**	**2,248**	**57.8%**
New England	**223**	**100.0%**	**54**	**24.2%**	**169**	**75.8%**
Connecticut (1)	53	100.0	10	18.2	43	81.8
Maine	22	100.0	6	26.8	16	73.2
Massachusetts	101	100.0	27	26.8	74	73.2
New Hampshire (1)	17	100.0	3	17.7	14	82.3
Rhode Island	20	100.0	5	26.6	14	73.4
Vermont	10	100.0	3	29.8	7	70.2
Middle Atlantic	**629**	**100.0%**	**274**	**43.5%**	**356**	**56.5%**
New Jersey	90	100.0	35	39.3	55	60.7
New York	371	100.0	176	47.4	195	52.6
Pennsylvania	167	100.0	62	36.9	106	63.1
South Atlantic	**724**	**100.0%**	**302**	**41.7%**	**422**	**58.3%**
Delaware	6	100.0	2	38.0	4	62.0
District of Columbia	8	100.0	4	46.7	4	53.3
Florida	211	100.0	97	46.0	114	54.0
Georgia	104	100.0	46	44.4	58	55.6
Maryland	47	100.0	18	39.1	28	60.9
North Carolina (1)	152	100.0	39	25.3	114	74.7
South Carolina	77	100.0	40	52.5	36	47.5
Virginia	85	100.0	40	46.6	46	53.4
West Virginia	35	100.0	16	47.2	18	52.8
East South Central	**315**	**100.0%**	**157**	**49.7%**	**159**	**50.3%**
Alabama	71	100.0	40	55.6	32	44.4
Kentucky	63	100.0	29	45.4	34	54.6
Mississippi	67	100.0	36	53.7	31	46.3
Tennessee (2)	114	100.0	53	46.1	62	53.9
West South Central	**509**	**100.0%**	**274**	**53.8%**	**235**	**46.2%**
Arkansas	53	100.0	22	42.7	30	57.3
Louisiana	97	100.0	52	53.7	45	46.3
Oklahoma	51	100.0	27	53.3	24	46.7
Texas	308	100.0	172	55.8	136	44.2
East North Central	**512**	**100.0%**	**116**	**22.7%**	**396**	**77.3%**
Illinois	127	100.0	27	21.1	100	78.9
Indiana	66	100.0	15	22.8	51	77.2
Michigan	86	100.0	24	28.0	62	72.0
Ohio (1)	169	100.0	31	18.2	138	81.8
Wisconsin	64	100.0	20	30.7	44	69.3
West North Central	**253**	**100.0%**	**62**	**24.6%**	**191**	**75.4%**
Iowa	38	100.0	9	23.6	29	76.4
Kansas	26	100.0	1	5.5	24	94.5
Minnesota	57	100.0	13	22.3	44	77.7
Missouri	93	100.0	27	28.8	66	71.2
Nebraska	21	100.0	6	29.4	15	70.6
North Dakota	11	100.0	4	36.0	7	64.0
South Dakota	9	100.0	3	29.3	6	70.7
Mountain	**123**	**100.0%**	**58**	**46.8%**	**66**	**53.2%**
Arizona (2)	25	100.0	11	44.7	14	55.3
Colorado	37	100.0	25	67.8	12	32.2
Idaho	9	100.0	2	23.6	7	76.4
Montana	9	100.0	2	25.6	7	74.4
Nevada	11	100.0	4	37.3	7	62.7
New Mexico	17	100.0	9	51.6	8	48.4
Utah	9	100.0	3	30.1	6	69.9
Wyoming	6	100.0	1	23.6	5	76.4
Pacific	**599**	**100.0%**	**344**	**57.4%**	**255**	**42.6%**
Alaska	4	100.0	1	27.8	3	72.2
California	486	100.0	307	63.2	179	36.8
Hawaii (1,2)	17	100.0	3	17.7	14	82.3
Oregon (2)	38	100.0	12	31.9	26	68.1
Washington	53	100.0	20	37.6	33	62.4

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Elderly beneficiaries are people aged 65 and over. The elderly most likely include some disabled individuals who have spent down their assets to become Medicaid eligible and were not originally considered disabled. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Expenditures

Table 17

Medicaid Expenditures, by Group, 1995

	Expenditures (millions)					
	Total	Children	Adults	Blind & Disabled	Elderly	DSH
United States	**$152,423**	**$25,411**	**$16,557**	**$51,379**	**$40,087**	**$18,988**
New England	**$11,571**	**$1,425**	**$802**	**$3,978**	**$3,603**	**$1,763**
Connecticut	2,838	252	178	901	1,057	450
Maine	949	110	71	308	295	165
Massachusetts	5,600	840	414	2,098	1,639	610
New Hampshire	848	74	42	176	228	329
Rhode Island	999	100	67	368	292	171
Vermont	336	49	30	128	91	37
Middle Atlantic	**$35,853**	**$5,055**	**$2,730**	**$12,378**	**$10,695**	**$4,995**
New Jersey	5,391	501	518	1,802	1,283	1,287
New York	23,525	3,407	1,761	8,478	6,962	2,917
Pennsylvania	6,937	1,146	451	2,098	2,450	792
South Atlantic	**$22,501**	**$4,562**	**$2,587**	**$7,635**	**$5,716**	**$2,001**
Delaware	334	65	36	145	81	7
District of Columbia	793	140	74	343	185	50
Florida	6,134	1,630	506	1,909	1,755	334
Georgia	3,581	644	616	1,263	649	410
Maryland	2,465	545	240	944	575	160
North Carolina	3,891	688	582	1,142	1,050	429
South Carolina	2,016	279	169	684	445	440
Virginia	2,058	363	194	704	653	145
West Virginia	1,227	208	171	501	322	25
East South Central	**$9,016**	**$1,400**	**$1,442**	**$3,324**	**$2,029**	**$820**
Alabama	1,954	223	185	630	498	417
Kentucky	2,155	292	276	871	495	220
Mississippi	1,524	246	139	556	400	183
Tennessee (1)	3,383	638	842	1,267	636	0
West South Central	**$15,150**	**$2,543**	**$1,805**	**$4,377**	**$3,625**	**$2,800**
Arkansas	1,205	194	81	547	381	3
Louisiana	4,117	516	346	1,241	749	1,265
Oklahoma	1,130	246	112	400	353	18
Texas	8,698	1,587	1,267	2,188	2,143	1,513
East North Central	**$22,188**	**$3,987**	**$2,110**	**$8,172**	**$6,029**	**$1,891**
Illinois	5,986	1,170	629	2,643	1,131	413
Indiana	2,529	408	204	762	756	398
Michigan	5,114	983	623	1,939	1,131	438
Ohio	6,143	970	504	1,955	2,083	630
Wisconsin	2,416	454	150	873	927	12
West North Central	**$8,894**	**$1,422**	**$739**	**$3,043**	**$2,848**	**$843**
Iowa	1,179	237	136	473	329	5
Kansas	945	137	95	372	267	74
Minnesota	2,749	507	240	1,011	967	24
Missouri	2,765	343	182	701	810	729
Nebraska	640	124	43	226	238	9
North Dakota	300	33	20	118	128	1
South Dakota	316	41	23	142	109	1
Mountain	**$5,761**	**$1,238**	**$797**	**$1,954**	**$1,206**	**$565**
Arizona (1)	1,601	466	260	477	275	122
Colorado	1,525	220	168	447	335	355
Idaho	338	46	41	156	91	4
Montana	360	45	32	144	138	< 1
Nevada	464	99	56	151	84	74
New Mexico	745	185	105	313	135	7
Utah	555	147	110	197	98	3
Wyoming	172	29	24	67	51	0
Pacific	**$21,489**	**$3,779**	**$3,545**	**$6,518**	**$4,337**	**$3,311**
Alaska	303	89	57	87	52	18
California	16,188	2,799	2,401	4,879	3,195	2,915
Hawaii (1)	730	160	296	111	162	1
Oregon (1)	1,438	261	360	469	321	28
Washington	2,830	470	432	973	607	348

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 18

Distribution of Medicaid Expenditures, by Group, 1995

	Total	Children	Adults	Blind & Disabled	Elderly	DSH
United States	**100.0%**	**16.7%**	**10.9%**	**33.7%**	**26.3%**	**12.5%**
New England	**100.0%**	**12.3%**	**6.9%**	**34.4%**	**31.1%**	**15.2%**
Connecticut	100.0	8.9	6.3	31.8	37.2	15.9
Maine	100.0	11.6	7.4	32.4	31.1	17.4
Massachusetts	100.0	15.0	7.4	37.5	29.3	10.9
New Hampshire	100.0	8.8	4.9	20.7	26.9	38.7
Rhode Island	100.0	10.0	6.8	36.8	29.3	17.2
Vermont	100.0	14.6	9.0	38.1	27.2	11.1
Middle Atlantic	**100.0%**	**14.1%**	**7.6%**	**34.5%**	**29.8%**	**13.9%**
New Jersey	100.0	9.3	9.6	33.4	23.8	23.9
New York	100.0	14.5	7.5	36.0	29.6	12.4
Pennsylvania	100.0	16.5	6.5	30.2	35.3	11.4
South Atlantic	**100.0%**	**20.3%**	**11.5%**	**33.9%**	**25.4%**	**8.9%**
Delaware	100.0	19.4	10.7	43.5	24.3	2.1
District of Columbia	100.0	17.7	9.3	43.3	23.3	6.3
Florida	100.0	26.6	8.2	31.1	28.6	5.4
Georgia	100.0	18.0	17.2	35.3	18.1	11.4
Maryland	100.0	22.1	9.8	38.3	23.3	6.5
North Carolina	100.0	17.7	14.9	29.3	27.0	11.0
South Carolina	100.0	13.8	8.4	33.9	22.1	21.8
Virginia	100.0	17.6	9.4	34.2	31.7	7.1
West Virginia	100.0	17.0	13.9	40.8	26.2	2.0
East South Central	**100.0%**	**15.5%**	**16.0%**	**36.9%**	**22.5%**	**9.1%**
Alabama	100.0	11.4	9.5	32.3	25.5	21.4
Kentucky	100.0	13.6	12.8	40.4	23.0	10.2
Mississippi	100.0	16.1	9.1	36.5	26.3	12.0
Tennessee (1)	100.0	18.9	24.9	37.4	18.8	0.0
West South Central	**100.0%**	**16.8%**	**11.9%**	**28.9%**	**23.9%**	**18.5%**
Arkansas	100.0	16.1	6.7	45.4	31.6	0.3
Louisiana	100.0	12.5	8.4	30.1	18.2	30.7
Oklahoma	100.0	21.8	9.9	35.4	31.3	1.6
Texas	100.0	18.2	14.6	25.2	24.6	17.4
East North Central	**100.0%**	**18.0%**	**9.5%**	**36.8%**	**27.2%**	**8.5%**
Illinois	100.0	19.6	10.5	44.1	18.9	6.9
Indiana	100.0	16.2	8.1	30.1	29.9	15.8
Michigan	100.0	19.2	12.2	37.9	22.1	8.6
Ohio	100.0	15.8	8.2	31.8	33.9	10.3
Wisconsin	100.0	18.8	6.2	36.2	38.4	0.5
West North Central	**100.0%**	**16.0%**	**8.3%**	**34.2%**	**32.0%**	**9.5%**
Iowa	100.0	20.1	11.5	40.1	27.9	0.4
Kansas	100.0	14.5	10.0	39.4	28.3	7.8
Minnesota	100.0	18.4	8.7	36.8	35.2	0.9
Missouri	100.0	12.4	6.6	25.3	29.3	26.4
Nebraska	100.0	19.3	6.8	35.4	37.1	1.4
North Dakota	100.0	11.0	6.7	39.2	42.6	0.4
South Dakota	100.0	12.8	7.2	45.1	34.5	0.3
Mountain	**100.0%**	**21.5%**	**13.8%**	**33.9%**	**20.9%**	**9.8%**
Arizona (1)	100.0	29.1	16.3	29.8	17.2	7.6
Colorado	100.0	14.4	11.0	29.3	22.0	23.3
Idaho	100.0	13.7	12.1	46.2	26.8	1.2
Montana	100.0	12.6	8.8	40.1	38.4	0.1
Nevada	100.0	21.4	12.1	32.6	18.0	15.9
New Mexico	100.0	24.9	14.1	42.1	18.1	0.9
Utah	100.0	26.4	19.8	35.6	17.6	0.6
Wyoming	100.0	17.1	14.1	38.9	29.8	0.0
Pacific	**100.0%**	**17.6%**	**16.5%**	**30.3%**	**20.2%**	**15.4%**
Alaska	100.0	29.4	18.7	28.6	17.1	6.1
California	100.0	17.3	14.8	30.1	19.7	18.0
Hawaii (1)	100.0	21.9	40.5	15.2	22.3	0.1
Oregon (1)	100.0	18.1	25.0	32.6	22.3	2.0
Washington	100.0	16.6	15.3	34.4	21.5	12.3

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 19

Federal and State Shares of Medicaid Expenditures, 1995

	Total Expenditures (millions)	FMAP 1995 (1)	Federal Share (millions)	State Share (millions)
United States	**$152,423**	**57.0%**	**$86,956**	**$65,467**
New England	**$11,571**	**51.6%**	**$5,970**	**$5,601**
Connecticut	2,838	50.0	1,419	1,419
Maine	949	62.0	588	361
Massachusetts	5,600	50.0	2,800	2,800
New Hampshire	848	50.0	424	424
Rhode Island	999	53.9	538	461
Vermont	336	59.6	200	136
Middle Atlantic	**$35,853**	**50.9%**	**$18,246**	**$17,607**
New Jersey	5,391	50.0	2,696	2,696
New York	23,525	50.0	11,762	11,762
Pennsylvania	6,937	54.6	3,788	3,149
South Atlantic	**$22,501**	**59.2%**	**$13,320**	**$9,181**
Delaware	334	50.0	167	167
District of Columbia	793	50.0	396	396
Florida	6,134	54.8	3,360	2,774
Georgia	3,581	62.5	2,237	1,344
Maryland	2,465	50.0	1,233	1,233
North Carolina	3,891	65.1	2,535	1,356
South Carolina	2,016	71.1	1,433	583
Virginia	2,058	50.0	1,029	1,029
West Virginia	1,227	75.7	929	298
East South Central	**$9,016**	**70.9%**	**$6,393**	**$2,623**
Alabama	1,954	71.2	1,392	562
Kentucky	2,155	70.9	1,528	627
Mississippi	1,524	78.9	1,202	322
Tennessee	3,383	67.2	2,272	1,111
West South Central	**$15,150**	**68.0%**	**$10,301**	**$4,850**
Arkansas	1,205	74.5	898	308
Louisiana	4,117	73.5	3,025	1,091
Oklahoma	1,130	70.4	795	335
Texas	8,698	64.2	5,583	3,116
East North Central	**$22,188**	**57.1%**	**$12,679**	**$9,509**
Illinois	5,986	50.0	2,993	2,993
Indiana	2,529	63.5	1,606	923
Michigan	5,114	56.4	2,883	2,231
Ohio	6,143	60.8	3,737	2,406
Wisconsin	2,416	60.5	1,461	955
West North Central	**$8,894**	**59.8%**	**$5,318**	**$3,576**
Iowa	1,179	63.3	747	432
Kansas	945	59.5	563	383
Minnesota	2,749	54.7	1,503	1,247
Missouri	2,765	60.6	1,677	1,088
Nebraska	640	62.0	397	243
North Dakota	300	71.1	213	86
South Dakota	316	69.5	219	96
Mountain	**$5,761**	**64.1%**	**$3,691**	**$2,070**
Arizona	1,601	65.9	1,055	546
Colorado	1,525	54.3	828	697
Idaho	338	70.9	240	98
Montana	360	71.1	256	104
Nevada	464	50.3	233	231
New Mexico	745	74.2	552	192
Utah	555	74.4	413	142
Wyoming	172	65.6	113	59
Pacific	**$21,489**	**51.4%**	**$11,039**	**$10,450**
Alaska	303	50.0	152	152
California	16,188	50.0	8,094	8,094
Hawaii	730	50.0	365	365
Oregon	1,438	62.1	893	545
Washington	2,830	54.2	1,535	1,295

Source: Urban Institute calculations based on data from HCFA-64 reports. FMAPs are from Federal Register 58(242):66362-66363, Dec. 20, 1993. Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding.

(1) FMAP = Federal Medical Assistance Percentage.

Table 20

Medicaid Expenditures per Beneficiary, by Group, 1995

	Expenditures per Beneficiary				
	Total	Children	Adults	Blind & Disabled	Elderly
United States	**$3,789**	**$1,451**	**$2,080**	**$8,784**	**$10,308**
New England	**$6,120**	**$1,947**	**$2,295**	**$13,350**	**$16,144**
Connecticut	6,529	1,415	2,062	18,502	19,965
Maine	4,436	1,360	1,943	8,400	13,129
Massachusetts	6,882	2,701	2,714	13,069	16,202
New Hampshire	5,092	1,488	1,809	14,434	13,470
Rhode Island	6,104	1,643	2,253	14,559	14,925
Vermont	3,069	960	1,422	8,703	9,057
Middle Atlantic	**$6,133**	**$2,061**	**$2,660**	**$13,402**	**$16,994**
New Jersey	5,280	1,396	2,821	12,513	14,185
New York	6,815	2,241	2,832	16,605	18,745
Pennsylvania	4,995	2,002	2,040	7,797	14,628
South Atlantic	**$3,340**	**$1,390**	**$2,300**	**$7,592**	**$7,890**
Delaware	4,192	1,486	2,269	11,498	13,336
District of Columbia	5,423	1,917	2,225	15,227	23,611
Florida	3,344	1,570	2,419	6,920	8,313
Georgia	2,788	1,073	2,527	6,638	6,252
Maryland	5,588	2,635	3,280	11,026	12,330
North Carolina	3,216	1,282	2,389	7,932	6,899
South Carolina	3,188	1,178	1,941	7,244	5,819
Virginia	2,821	996	1,576	6,656	7,644
West Virginia	3,093	1,138	1,777	6,712	9,259
East South Central	**$2,589**	**$1,028**	**$1,892**	**$4,573**	**$6,433**
Alabama	2,859	904	2,112	4,798	6,984
Kentucky	3,111	1,056	2,198	5,571	7,835
Mississippi	2,582	985	1,797	4,423	6,004
Tennessee (1)	2,274	1,086	1,785	4,042	5,565
West South Central	**$3,060**	**$1,184**	**$2,205**	**$7,825**	**$7,124**
Arkansas	3,435	1,272	1,398	6,261	7,236
Louisiana	3,745	1,373	2,423	8,518	7,716
Oklahoma	2,827	1,232	1,300	7,138	6,889
Texas	2,839	1,117	2,380	8,100	6,957
East North Central	**$3,877**	**$1,496**	**$1,814**	**$9,120**	**$11,777**
Illinois	3,595	1,434	1,903	9,540	8,930
Indiana	3,822	1,321	1,772	11,293	11,461
Michigan	4,017	1,790	2,036	8,701	13,141
Ohio	3,664	1,242	1,530	8,719	12,316
Wisconsin	5,241	2,181	1,830	8,353	14,474
West North Central	**$4,008**	**$1,403**	**$1,676**	**$10,084**	**$11,241**
Iowa	3,868	1,680	1,815	9,445	8,761
Kansas	3,459	1,050	1,685	9,496	10,386
Minnesota	5,927	2,164	2,409	14,550	17,090
Missouri	2,927	986	1,162	7,169	8,715
Nebraska	3,864	1,341	1,599	9,743	11,447
North Dakota	4,869	1,154	1,534	13,479	11,832
South Dakota	4,286	1,067	1,738	10,654	12,134
Mountain	**$3,251**	**$1,408**	**$2,144**	**$8,723**	**$9,792**
Arizona (1)	2,995	1,572	2,346	7,751	11,145
Colorado	4,000	1,691	2,194	9,041	9,179
Idaho	2,906	740	1,658	8,461	9,700
Montana	3,690	908	1,420	8,918	15,490
Nevada	3,732	1,847	2,411	9,348	7,391
New Mexico	2,607	1,086	1,794	8,488	7,743
Utah	3,441	1,660	2,507	10,387	10,714
Wyoming	3,353	1,054	2,161	10,756	8,673
Pacific	**$2,841**	**$1,267**	**$1,863**	**$7,134**	**$7,240**
Alaska	4,184	2,301	3,135	13,009	11,656
California	2,686	1,206	1,725	6,572	6,569
Hawaii (1)	3,192	1,634	2,976	8,089	9,349
Oregon (1)	3,119	1,644	1,717	10,154	8,484
Washington	3,505	1,283	2,348	9,284	11,433

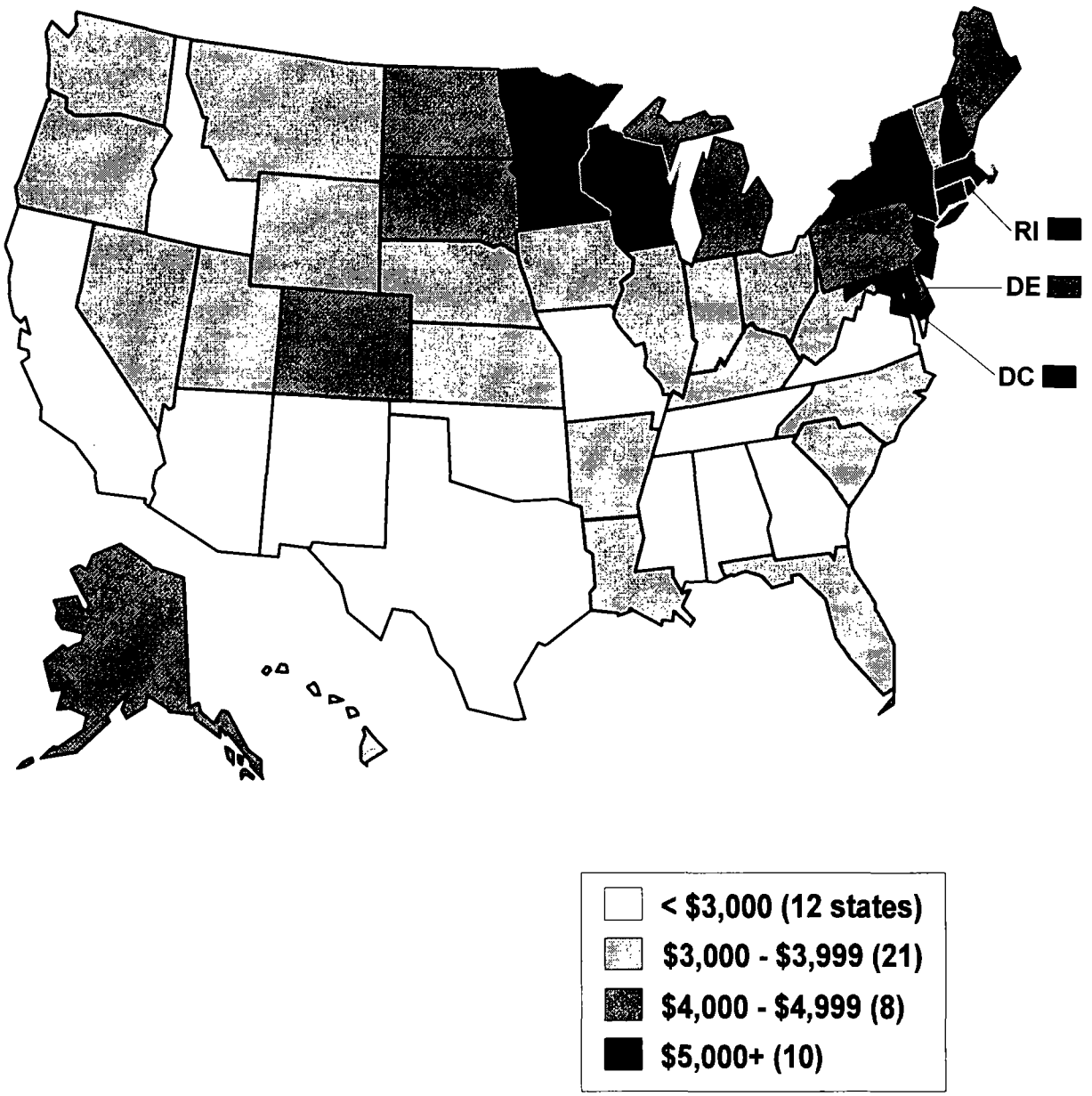
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Figure 12

Medicaid Expenditures per Beneficiary, 1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 21

Federal and State Shares of Medicaid Expenditures per Beneficiary, 1995

	Total			Federal			State		
	Total	Non-DSH	DSH	Total	Non-DSH	DSH	Total	Non-DSH	DSH
United States	**$4,328**	**$3,789**	**$539**	**$2,469**	**$2,163**	**$306**	**$1,859**	**$1,626**	**$233**
New England	**$7,220**	**$6,120**	**$1,100**	**$3,725**	**$3,156**	**$569**	**$3,495**	**$2,964**	**$531**
Connecticut	7,760	6,529	1,231	3,880	3,264	616	3,880	3,264	616
Maine	5,372	4,436	936	3,328	2,749	580	2,043	1,687	356
Massachusetts	7,723	6,882	841	3,861	3,441	420	3,861	3,441	420
New Hampshire	8,310	5,092	3,218	4,155	2,546	1,609	4,155	2,546	1,609
Rhode Island	7,370	6,104	1,265	3,970	3,288	682	3,400	2,816	584
Vermont	3,451	3,069	382	2,055	1,827	228	1,396	1,241	155
Middle Atlantic	**$7,125**	**$6,133**	**$993**	**$3,626**	**$3,123**	**$504**	**$3,499**	**$3,010**	**$489**
New Jersey	6,935	5,280	1,655	3,468	2,640	828	3,468	2,640	828
New York	7,779	6,815	964	3,889	3,407	482	3,889	3,407	482
Pennsylvania	5,639	4,995	644	3,079	2,728	352	2,559	2,267	292
South Atlantic	**$3,666**	**$3,340**	**$326**	**$2,170**	**$1,970**	**$201**	**$1,496**	**$1,371**	**$125**
Delaware	4,283	4,192	91	2,142	2,096	46	2,142	2,096	46
District of Columbia	5,790	5,423	367	2,895	2,712	183	2,895	2,712	183
Florida	3,537	3,344	193	1,937	1,832	106	1,599	1,512	87
Georgia	3,148	2,788	360	1,967	1,742	225	1,182	1,046	135
Maryland	5,976	5,588	388	2,988	2,794	194	2,988	2,794	194
North Carolina	3,615	3,216	399	2,355	2,095	260	1,260	1,121	139
South Carolina	4,079	3,188	890	2,899	2,266	633	1,180	922	257
Virginia	3,035	2,821	214	1,517	1,410	107	1,517	1,410	107
West Virginia	3,157	3,093	64	2,391	2,342	48	767	751	16
East South Central	**$2,848**	**$2,589**	**$259**	**$2,019**	**$1,831**	**$189**	**$828**	**$758**	**$70**
Alabama	3,636	2,859	777	2,589	2,036	553	1,046	823	224
Kentucky	3,465	3,111	354	2,457	2,206	251	1,008	905	103
Mississippi	2,934	2,582	352	2,313	2,036	277	620	546	74
Tennessee (1)	2,274	2,274	0	1,527	1,527	0	747	747	0
West South Central	**$3,754**	**$3,060**	**$694**	**$2,552**	**$2,078**	**$475**	**$1,202**	**$983**	**$219**
Arkansas	3,445	3,435	9	2,565	2,558	7	880	877	2
Louisiana	5,407	3,745	1,662	3,974	2,752	1,221	1,433	993	441
Oklahoma	2,874	2,827	47	2,023	1,990	33	851	837	14
Texas	3,437	2,839	598	2,206	1,822	384	1,231	1,017	214
East North Central	**$4,238**	**$3,877**	**$361**	**$2,422**	**$2,212**	**$209**	**$1,816**	**$1,665**	**$152**
Illinois	3,861	3,595	266	1,931	1,797	133	1,931	1,797	133
Indiana	4,536	3,822	715	2,880	2,426	454	1,656	1,395	261
Michigan	4,393	4,017	376	2,477	2,264	212	1,917	1,753	164
Ohio	4,083	3,664	419	2,484	2,229	255	1,599	1,435	164
Wisconsin	5,266	5,241	25	3,184	3,169	15	2,082	2,072	10
West North Central	**$4,427**	**$4,008**	**$420**	**$2,647**	**$2,394**	**$254**	**$1,780**	**$1,614**	**$166**
Iowa	3,883	3,868	15	2,459	2,450	9	1,424	1,418	5
Kansas	3,752	3,459	292	2,233	2,059	174	1,519	1,400	118
Minnesota	5,979	5,927	53	3,268	3,239	29	2,712	2,688	24
Missouri	3,976	2,927	1,048	2,411	1,775	636	1,565	1,152	413
Nebraska	3,919	3,864	55	2,429	2,395	34	1,490	1,469	21
North Dakota	4,889	4,869	20	3,478	3,464	14	1,411	1,406	6
South Dakota	4,300	4,286	15	2,989	2,978	10	1,312	1,307	4
Mountain	**$3,604**	**$3,251**	**$353**	**$2,309**	**$2,108**	**$201**	**$1,295**	**$1,142**	**$153**
Arizona (1)	3,242	2,995	248	2,137	1,973	163	1,106	1,021	85
Colorado	5,212	4,000	1,212	2,830	2,172	658	2,382	1,828	554
Idaho	2,941	2,906	35	2,086	2,061	25	855	845	10
Montana	3,692	3,690	2	2,623	2,622	2	1,069	1,068	< 1
Nevada	4,436	3,732	703	2,232	1,878	354	2,204	1,855	349
New Mexico	2,631	2,607	24	1,951	1,933	18	679	673	6
Utah	3,462	3,441	21	2,574	2,559	15	888	883	5
Wyoming	3,353	3,353	0	2,201	2,201	0	1,152	1,152	0
Pacific	**$3,359**	**$2,841**	**$517**	**$1,725**	**$1,464**	**$262**	**$1,633**	**$1,377**	**$256**
Alaska	4,455	4,184	271	2,228	2,092	135	2,228	2,092	135
California	3,276	2,686	590	1,638	1,343	295	1,638	1,343	295
Hawaii (1)	3,197	3,192	5	1,598	1,596	2	1,598	1,596	2
Oregon (1)	3,181	3,119	62	1,976	1,937	39	1,205	1,181	24
Washington	3,996	3,505	491	2,168	1,901	267	1,829	1,604	225

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Figures may not sum to totals due to rounding.
(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 22

Federal and State Shares of Medicaid Expenditures per Capita, 1995

	Total			Federal			State		
	Total	Non-DSH	DSH	Total	Non-DSH	DSH	Total	Non-DSH	DSH
United States	**$579**	**$507**	**$72**	**$330**	**$289**	**$41**	**$249**	**$218**	**$31**
New England	**$877**	**$743**	**$134**	**$452**	**$383**	**$69**	**$425**	**$360**	**$65**
Connecticut	876	737	139	438	368	69	438	368	69
Maine	781	645	136	484	400	84	297	245	52
Massachusetts	927	826	101	463	413	50	463	413	50
New Hampshire	746	457	289	373	229	145	373	229	145
Rhode Island	1,034	857	178	557	462	96	477	395	82
Vermont	564	502	63	336	299	37	228	203	25
Middle Atlantic	**$938**	**$808**	**$131**	**$478**	**$411**	**$66**	**$461**	**$396**	**$64**
New Jersey	681	519	163	341	259	81	341	259	81
New York	1,287	1,128	160	644	564	80	644	564	80
Pennsylvania	577	511	66	315	279	36	262	232	30
South Atlantic	**$480**	**$437**	**$43**	**$284**	**$258**	**$26**	**$196**	**$179**	**$16**
Delaware	479	469	10	240	234	5	240	234	5
District of Columbia	1,359	1,273	86	680	636	43	680	636	43
Florida	429	405	23	235	222	13	194	183	11
Georgia	494	437	56	308	273	35	185	164	21
Maryland	484	453	31	242	226	16	242	226	16
North Carolina	562	500	62	366	326	40	196	174	22
South Carolina	544	425	119	387	302	84	157	123	34
Virginia	316	294	22	158	147	11	158	147	11
West Virginia	681	667	14	516	505	10	165	162	3
East South Central	**$554**	**$503**	**$50**	**$393**	**$356**	**$37**	**$161**	**$147**	**$14**
Alabama	449	353	96	320	251	68	129	102	28
Kentucky	556	500	57	395	354	40	162	145	17
Mississippi	577	508	69	455	401	55	122	107	15
Tennessee	625	625	0	419	419	0	205	205	0
West South Central	**$524**	**$427**	**$97**	**$356**	**$290**	**$66**	**$168**	**$137**	**$31**
Arkansas	487	486	1	363	362	< 1	124	124	< 1
Louisiana	949	657	292	697	483	214	252	174	77
Oklahoma	351	345	6	247	243	4	104	102	2
Texas	461	381	80	296	244	51	165	136	29
East North Central	**$509**	**$466**	**$43**	**$291**	**$266**	**$25**	**$218**	**$200**	**$18**
Illinois	506	471	35	253	236	17	253	236	17
Indiana	433	365	68	275	232	43	158	133	25
Michigan	534	488	46	301	275	26	233	213	20
Ohio	549	492	56	334	300	34	215	193	22
Wisconsin	468	466	2	283	282	1	185	184	< 1
West North Central	**$491**	**$445**	**$47**	**$294**	**$266**	**$28**	**$197**	**$179**	**$18**
Iowa	413	411	2	261	260	1	151	151	< 1
Kansas	373	344	29	222	205	17	151	139	12
Minnesota	603	597	5	329	326	3	273	271	2
Missouri	538	396	142	326	240	86	212	156	56
Nebraska	388	382	5	240	237	3	147	145	2
North Dakota	473	471	2	336	335	1	137	136	< 1
South Dakota	434	432	1	302	301	1	132	132	< 1
Mountain	**$364**	**$329**	**$36**	**$233**	**$213**	**$20**	**$131**	**$115**	**$15**
Arizona	373	345	29	246	227	19	127	117	10
Colorado	404	310	94	219	168	51	184	142	43
Idaho	295	292	3	209	207	2	86	85	1
Montana	419	419	< 1	298	298	< 1	121	121	< 1
Nevada	301	253	48	151	127	24	149	126	24
New Mexico	426	422	4	316	313	3	110	109	< 1
Utah	283	281	2	210	209	1	72	72	< 1
Wyoming	355	355	0	233	233	0	122	122	0
Pacific	**$509**	**$431**	**$78**	**$261**	**$222**	**$40**	**$248**	**$209**	**$39**
Alaska	496	466	30	248	233	15	248	233	15
California	507	416	91	254	208	46	254	208	46
Hawaii	636	635	< 1	318	318	< 1	318	318	< 1
Oregon	450	442	9	280	274	5	171	167	3
Washington	529	464	65	287	252	35	242	212	30

Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Figures may not sum to totals due to rounding.

Table 23

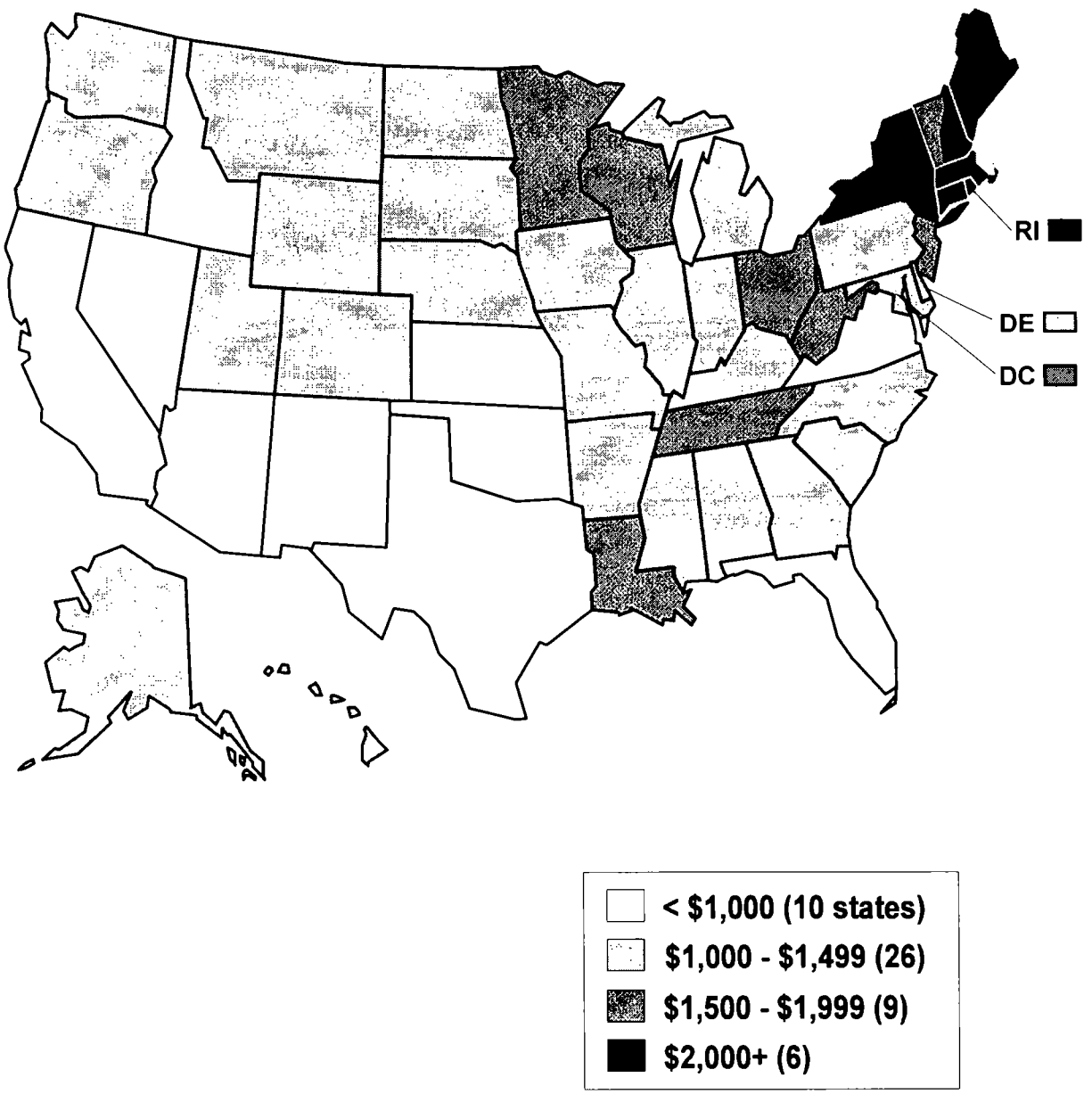
Federal and State Shares of Medicaid Expenditures per Low-income Person, 1995 (1)

	Total			Federal			State		
	Total	Non-DSH	DSH	Total	Non-DSH	DSH	Total	Non-DSH	DSH
United States	**$2,327**	**$2,037**	**$290**	**$1,328**	**$1,163**	**$165**	**$1,000**	**$874**	**$125**
New England	**$4,666**	**$3,956**	**$711**	**$2,407**	**$2,040**	**$367**	**$2,259**	**$1,916**	**$343**
Connecticut	4,903	4,125	778	2,451	2,062	389	2,451	2,062	389
Maine	3,755	3,101	654	2,326	1,921	405	1,428	1,179	249
Massachusetts	4,938	4,400	537	2,469	2,200	269	2,469	2,200	269
New Hampshire	4,639	2,843	1,797	2,320	1,421	898	2,320	1,421	898
Rhode Island	4,813	3,987	826	2,593	2,148	445	2,220	1,839	381
Vermont	2,723	2,422	302	1,622	1,442	180	1,102	980	122
Middle Atlantic	**$4,082**	**$3,514**	**$569**	**$2,078**	**$1,789**	**$289**	**$2,005**	**$1,725**	**$280**
New Jersey	3,928	2,991	937	1,964	1,495	469	1,964	1,495	469
New York	4,910	4,301	609	2,455	2,151	304	2,455	2,151	304
Pennsylvania	2,649	2,346	302	1,446	1,281	165	1,202	1,065	137
South Atlantic	**$1,916**	**$1,746**	**$170**	**$1,135**	**$1,030**	**$105**	**$782**	**$716**	**$66**
Delaware	2,538	2,484	54	1,269	1,242	27	1,269	1,242	27
District of Columbia	3,997	3,744	253	1,999	1,872	127	1,999	1,872	127
Florida	1,575	1,489	86	863	816	47	712	673	39
Georgia	1,928	1,707	220	1,204	1,066	138	723	641	83
Maryland	2,542	2,377	165	1,271	1,189	83	1,271	1,189	83
North Carolina	2,279	2,028	251	1,485	1,321	164	794	707	88
South Carolina	1,785	1,396	390	1,269	992	277	516	404	113
Virginia	1,597	1,484	113	798	742	56	798	742	56
West Virginia	2,184	2,140	44	1,654	1,620	34	530	519	11
East South Central	**$1,877**	**$1,706**	**$171**	**$1,331**	**$1,207**	**$124**	**$546**	**$500**	**$46**
Alabama	1,468	1,154	314	1,045	822	223	422	332	90
Kentucky	1,980	1,778	202	1,404	1,261	143	576	517	59
Mississippi	1,588	1,398	190	1,252	1,102	150	336	296	40
Tennessee	2,374	2,374	0	1,594	1,594	0	780	780	0
West South Central	**$1,690**	**$1,378**	**$312**	**$1,149**	**$935**	**$214**	**$541**	**$442**	**$99**
Arkansas	1,606	1,602	4	1,196	1,192	3	410	409	1
Louisiana	2,669	1,849	820	1,961	1,359	603	708	490	217
Oklahoma	1,179	1,160	19	830	817	13	349	344	6
Texas	1,522	1,257	265	977	807	170	545	450	95
East North Central	**$2,388**	**$2,185**	**$204**	**$1,365**	**$1,247**	**$118**	**$1,024**	**$938**	**$86**
Illinois	2,251	2,096	155	1,126	1,048	78	1,126	1,048	78
Indiana	2,033	1,712	320	1,291	1,087	203	742	625	117
Michigan	2,468	2,257	211	1,391	1,272	119	1,077	985	92
Ohio	2,489	2,233	255	1,514	1,359	155	975	875	100
Wisconsin	2,852	2,838	14	1,724	1,716	8	1,127	1,122	5
West North Central	**$2,262**	**$2,048**	**$214**	**$1,352**	**$1,223**	**$130**	**$910**	**$825**	**$85**
Iowa	1,997	1,990	8	1,265	1,260	5	732	730	3
Kansas	1,487	1,371	116	885	816	69	602	555	47
Minnesota	3,143	3,115	28	1,718	1,702	15	1,425	1,413	13
Missouri	2,323	1,710	613	1,409	1,037	371	914	673	241
Nebraska	2,054	2,026	29	1,273	1,255	18	781	770	11
North Dakota	2,066	2,057	8	1,469	1,463	6	596	594	2
South Dakota	1,710	1,704	6	1,188	1,184	4	522	520	2
Mountain	**$1,484**	**$1,338**	**$146**	**$950**	**$868**	**$83**	**$533**	**$470**	**$63**
Arizona	1,268	1,171	97	836	772	64	432	399	33
Colorado	2,418	1,856	562	1,313	1,008	305	1,105	848	257
Idaho	1,206	1,192	14	855	845	10	351	347	4
Montana	1,652	1,651	1	1,174	1,173	< 1	478	478	< 1
Nevada	1,358	1,143	215	683	575	108	675	568	107
New Mexico	1,148	1,138	10	852	844	8	297	294	3
Utah	1,414	1,406	8	1,051	1,045	6	363	361	2
Wyoming	1,588	1,588	0	1,042	1,042	0	546	546	0
Pacific	**$1,849**	**$1,564**	**$285**	**$950**	**$806**	**$144**	**$899**	**$758**	**$141**
Alaska	2,286	2,147	139	1,143	1,073	69	1,143	1,073	69
California	1,730	1,419	312	865	709	156	865	709	156
Hawaii	2,656	2,653	4	1,328	1,326	2	1,328	1,326	2
Oregon	2,029	1,990	40	1,260	1,236	25	769	754	15
Washington	2,463	2,160	303	1,336	1,172	164	1,127	989	139

Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Figures may not sum to totals due to rounding.
(1) Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

Figure 13

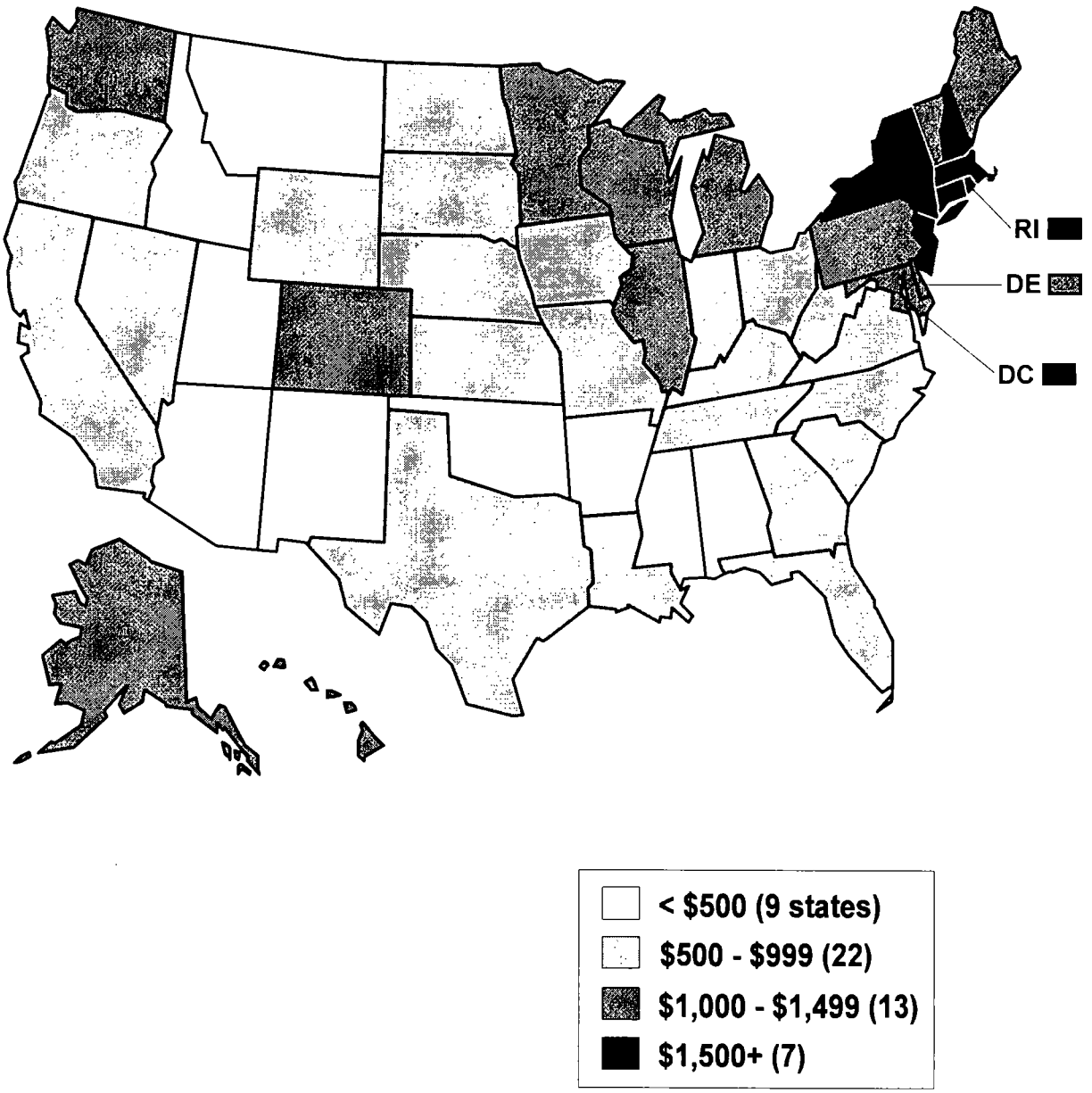
Federal Medicaid Spending per Low-income Person, 1995 *



Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey.
Does not include administrative costs, accounting adjustments, or the U.S. Territories.
*Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

Figure 14

State Medicaid Spending per Low-income Person, 1995 *



Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey.
Does not include administrative costs, accounting adjustments, or the U.S. Territories.
*Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

Table 24

Medicaid Expenditures, by Type of Service, 1995

	Expenditures (millions)			
	Total	Acute Care	Long-Term Care	DSH
United States	**$152,423**	**$79,439**	**$53,996**	**$18,988**
New England	**$11,571**	**$4,919**	**$4,889**	**$1,763**
Connecticut	2,838	994	1,394	450
Maine	949	401	383	165
Massachusetts	5,600	2,682	2,309	610
New Hampshire	848	215	305	329
Rhode Island	999	460	367	171
Vermont	336	167	132	37
Middle Atlantic	**$35,853**	**$15,537**	**$15,321**	**$4,995**
New Jersey	5,391	2,155	1,950	1,287
New York	23,525	10,467	10,141	2,917
Pennsylvania	6,937	2,915	3,230	792
South Atlantic	**$22,501**	**$13,585**	**$6,915**	**$2,001**
Delaware	334	189	138	7
District of Columbia	793	472	270	50
Florida	6,134	4,031	1,769	334
Georgia	3,581	2,278	894	410
Maryland	2,465	1,557	748	160
North Carolina	3,891	2,121	1,341	429
South Carolina	2,016	1,014	562	440
Virginia	2,058	1,146	767	145
West Virginia	1,227	777	425	25
East South Central	**$9,016**	**$5,792**	**$2,404**	**$820**
Alabama	1,954	930	606	417
Kentucky	2,155	1,304	631	220
Mississippi	1,524	938	403	183
Tennessee (1)	3,383	2,620	764	0
West South Central	**$15,150**	**$8,104**	**$4,246**	**$2,800**
Arkansas	1,205	669	533	3
Louisiana	4,117	1,825	1,026	1,265
Oklahoma	1,130	605	506	18
Texas	8,698	5,005	2,180	1,513
East North Central	**$22,188**	**$11,660**	**$8,637**	**$1,891**
Illinois	5,986	3,642	1,932	413
Indiana	2,529	1,062	1,069	398
Michigan	5,114	2,942	1,734	438
Ohio	6,143	2,886	2,627	630
Wisconsin	2,416	1,128	1,276	12
West North Central	**$8,894**	**$4,042**	**$4,009**	**$843**
Iowa	1,179	675	499	5
Kansas	945	426	446	74
Minnesota	2,749	1,176	1,549	24
Missouri	2,765	1,157	879	729
Nebraska	640	339	292	9
North Dakota	300	118	180	1
South Dakota	316	151	164	1
Mountain	**$5,761**	**$3,401**	**$1,795**	**$565**
Arizona (1)	1,601	1,122	357	122
Colorado	1,525	680	491	355
Idaho	338	187	147	4
Montana	360	185	175	< 1
Nevada	464	266	124	74
New Mexico	745	500	238	7
Utah	555	376	176	3
Wyoming	172	85	87	0
Pacific	**$21,489**	**$12,399**	**$5,780**	**$3,311**
Alaska	303	205	80	18
California	16,188	9,176	4,097	2,915
Hawaii (1)	730	555	173	1
Oregon (1)	1,438	915	495	28
Washington	2,830	1,548	934	348

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C

Table 25

Distribution of Medicaid Expenditures, by Type of Service, 1995

	Total	Acute Care	Long-Term Care	DSH
United States	**100.0%**	**52.1%**	**35.4%**	**12.5%**
New England	**100.0%**	**42.5%**	**42.3%**	**15.2%**
Connecticut	100.0	35.0	49.1	15.9
Maine	100.0	42.2	40.4	17.4
Massachusetts	100.0	47.9	41.2	10.9
New Hampshire	100.0	25.3	36.0	38.7
Rhode Island	100.0	46.1	36.8	17.2
Vermont	100.0	49.8	39.1	11.1
Middle Atlantic	**100.0%**	**43.3%**	**42.7%**	**13.9%**
New Jersey	100.0	40.0	36.2	23.9
New York	100.0	44.5	43.1	12.4
Pennsylvania	100.0	42.0	46.6	11.4
South Atlantic	**100.0%**	**60.4%**	**30.7%**	**8.9%**
Delaware	100.0	56.5	41.3	2.1
District of Columbia	100.0	59.5	34.1	6.3
Florida	100.0	65.7	28.8	5.4
Georgia	100.0	63.6	25.0	11.4
Maryland	100.0	63.2	30.3	6.5
North Carolina	100.0	54.5	34.5	11.0
South Carolina	100.0	50.3	27.9	21.8
Virginia	100.0	55.7	37.3	7.1
West Virginia	100.0	63.4	34.6	2.0
East South Central	**100.0%**	**64.2%**	**26.7%**	**9.1%**
Alabama	100.0	47.6	31.0	21.4
Kentucky	100.0	60.5	29.3	10.2
Mississippi	100.0	61.6	26.5	12.0
Tennessee (1)	100.0	77.4	22.6	0.0
West South Central	**100.0%**	**53.5%**	**28.0%**	**18.5%**
Arkansas	100.0	55.5	44.2	0.3
Louisiana	100.0	44.3	24.9	30.7
Oklahoma	100.0	53.6	44.8	1.6
Texas	100.0	57.5	25.1	17.4
East North Central	**100.0%**	**52.5%**	**38.9%**	**8.5%**
Illinois	100.0	60.8	32.3	6.9
Indiana	100.0	42.0	42.3	15.8
Michigan	100.0	57.5	33.9	8.6
Ohio	100.0	47.0	42.8	10.3
Wisconsin	100.0	46.7	52.8	0.5
West North Central	**100.0%**	**45.4%**	**45.1%**	**9.5%**
Iowa	100.0	57.3	42.3	0.4
Kansas	100.0	45.0	47.2	7.8
Minnesota	100.0	42.8	56.3	0.9
Missouri	100.0	41.8	31.8	26.4
Nebraska	100.0	53.0	45.6	1.4
North Dakota	100.0	39.5	60.1	0.4
South Dakota	100.0	47.8	51.9	0.3
Mountain	**100.0%**	**59.0%**	**31.2%**	**9.8%**
Arizona (1)	100.0	70.1	22.3	7.6
Colorado	100.0	44.6	32.2	23.3
Idaho	100.0	55.2	43.6	1.2
Montana	100.0	51.2	48.7	0.1
Nevada	100.0	57.4	26.8	15.9
New Mexico	100.0	67.2	31.9	0.9
Utah	100.0	67.7	31.7	0.6
Wyoming	100.0	49.6	50.4	0.0
Pacific	**100.0%**	**57.7%**	**26.9%**	**15.4%**
Alaska	100.0	67.6	26.4	6.1
California	100.0	56.7	25.3	18.0
Hawaii (1)	100.0	76.1	23.8	0.1
Oregon (1)	100.0	63.6	34.4	2.0
Washington	100.0	54.7	33.0	12.3

Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.
"DSH" refers to disproportionate share hospital payments. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.
(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 26

Medicaid Acute Care Expenditures, by Group, 1995

	Expenditures (millions)				
	Total	Children	Adults	Blind & Disabled	Elderly
United States	**$79,439**	**$23,703**	**$16,301**	**$29,761**	**$9,674**
New England	**$4,919**	**$1,326**	**$785**	**$2,062**	**$746**
Connecticut	994	218	173	381	221
Maine	401	91	70	179	61
Massachusetts	2,682	806	404	1,135	337
New Hampshire	215	71	41	75	27
Rhode Island	460	94	67	220	79
Vermont	167	46	30	72	20
Middle Atlantic	**$15,537**	**$4,577**	**$2,684**	**$6,383**	**$1,894**
New Jersey	2,155	448	511	925	271
New York	10,467	3,103	1,738	4,366	1,260
Pennsylvania	2,915	1,026	435	1,091	363
South Atlantic	**$13,585**	**$4,343**	**$2,558**	**$4,876**	**$1,807**
Delaware	189	58	35	81	15
District of Columbia	472	136	74	230	33
Florida	4,031	1,616	501	1,276	637
Georgia	2,278	634	614	798	231
Maryland	1,557	527	236	654	140
North Carolina	2,121	622	574	642	284
South Carolina	1,014	258	168	423	165
Virginia	1,146	322	193	431	200
West Virginia	777	171	164	340	103
East South Central	**$5,792**	**$1,352**	**$1,432**	**$2,446**	**$562**
Alabama	930	220	184	400	126
Kentucky	1,304	263	270	623	149
Mississippi	938	233	138	407	161
Tennessee (1)	2,620	636	840	1,017	126
West South Central	**$8,104**	**$2,416**	**$1,796**	**$2,671**	**$1,221**
Arkansas	669	162	79	315	112
Louisiana	1,825	451	341	769	264
Oklahoma	605	216	111	176	102
Texas	5,005	1,586	1,265	1,412	742
East North Central	**$11,660**	**$3,668**	**$2,079**	**$4,686**	**$1,226**
Illinois	3,642	1,132	627	1,555	328
Indiana	1,062	358	200	351	152
Michigan	2,942	885	605	1,256	196
Ohio	2,886	923	501	1,092	371
Wisconsin	1,128	372	146	431	179
West North Central	**$4,042**	**$1,348**	**$707**	**$1,411**	**$577**
Iowa	675	217	135	225	98
Kansas	426	117	93	161	55
Minnesota	1,176	487	213	381	96
Missouri	1,157	338	180	403	236
Nebraska	339	118	42	126	53
North Dakota	118	30	20	47	21
South Dakota	151	40	23	69	19
Mountain	**$3,401**	**$1,156**	**$786**	**$1,176**	**$283**
Arizona (1)	1,122	456	259	335	73
Colorado	680	201	166	244	69
Idaho	187	46	41	83	17
Montana	185	39	31	88	27
Nevada	266	79	56	106	25
New Mexico	500	166	104	195	36
Utah	376	141	106	102	27
Wyoming	85	29	24	24	8
Pacific	**$12,399**	**$3,517**	**$3,474**	**$4,050**	**$1,358**
Alaska	205	78	57	57	13
California	9,176	2,577	2,358	3,147	1,094
Hawaii (1)	555	156	291	63	44
Oregon (1)	915	239	358	235	83
Washington	1,548	467	410	547	123

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. States do not report payments to Medicare or to MCOs by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 27

Distribution of Medicaid Acute Care Expenditures, by Group, 1995

	Total	Children	Adults	Blind & Disabled	Elderly
United States	**100.0%**	**29.8%**	**20.5%**	**37.5%**	**12.2%**
New England	**100.0%**	**27.0%**	**16.0%**	**41.9%**	**15.2%**
Connecticut	100.0	21.9	17.4	38.4	22.3
Maine	100.0	22.7	17.4	44.7	15.2
Massachusetts	100.0	30.1	15.1	42.3	12.6
New Hampshire	100.0	33.0	19.3	35.0	12.8
Rhode Island	100.0	20.4	14.6	47.8	17.2
Vermont	100.0	27.6	17.7	42.9	11.8
Middle Atlantic	**100.0%**	**29.5%**	**17.3%**	**41.1%**	**12.2%**
New Jersey	100.0	20.8	23.7	42.9	12.6
New York	100.0	29.6	16.6	41.7	12.0
Pennsylvania	100.0	35.2	14.9	37.4	12.5
South Atlantic	**100.0%**	**32.0%**	**18.8%**	**35.9%**	**13.3%**
Delaware	100.0	30.9	18.5	43.0	7.7
District of Columbia	100.0	28.7	15.6	48.7	7.0
Florida	100.0	40.1	12.4	31.7	15.8
Georgia	100.0	27.8	27.0	35.1	10.2
Maryland	100.0	33.9	15.2	42.0	9.0
North Carolina	100.0	29.3	27.0	30.3	13.4
South Carolina	100.0	25.5	16.5	41.7	16.2
Virginia	100.0	28.1	16.8	37.7	17.5
West Virginia	100.0	22.0	21.1	43.7	13.2
East South Central	**100.0%**	**23.3%**	**24.7%**	**42.2%**	**9.7%**
Alabama	100.0	23.6	19.8	43.0	13.6
Kentucky	100.0	20.2	20.7	47.7	11.4
Mississippi	100.0	24.8	14.7	43.3	17.1
Tennessee (1)	100.0	24.3	32.1	38.8	4.8
West South Central	**100.0%**	**29.8%**	**22.2%**	**33.0%**	**15.1%**
Arkansas	100.0	24.3	11.9	47.1	16.8
Louisiana	100.0	24.7	18.7	42.1	14.5
Oklahoma	100.0	35.8	18.3	29.0	16.9
Texas	100.0	31.7	25.3	28.2	14.8
East North Central	**100.0%**	**31.5%**	**17.8%**	**40.2%**	**10.5%**
Illinois	100.0	31.1	17.2	42.7	9.0
Indiana	100.0	33.7	18.9	33.1	14.3
Michigan	100.0	30.1	20.6	42.7	6.7
Ohio	100.0	32.0	17.4	37.8	12.8
Wisconsin	100.0	32.9	13.0	38.2	15.9
West North Central	**100.0%**	**33.3%**	**17.5%**	**34.9%**	**14.3%**
Iowa	100.0	32.2	20.0	33.3	14.6
Kansas	100.0	27.4	21.9	37.8	12.9
Minnesota	100.0	41.4	18.1	32.4	8.1
Missouri	100.0	29.2	15.6	34.8	20.4
Nebraska	100.0	34.8	12.5	37.0	15.7
North Dakota	100.0	25.8	16.9	39.7	17.7
South Dakota	100.0	26.8	15.0	45.8	12.4
Mountain	**100.0%**	**34.0%**	**23.1%**	**34.6%**	**8.3%**
Arizona (1)	100.0	40.6	23.1	29.8	6.5
Colorado	100.0	29.6	24.4	35.8	10.2
Idaho	100.0	24.4	21.9	44.4	9.3
Montana	100.0	21.1	16.9	47.4	14.7
Nevada	100.0	29.9	20.9	39.8	9.4
New Mexico	100.0	33.1	20.8	38.9	7.2
Utah	100.0	37.5	28.1	27.1	7.3
Wyoming	100.0	34.1	28.3	28.6	8.9
Pacific	**100.0%**	**28.4%**	**28.0%**	**32.7%**	**11.0%**
Alaska	100.0	38.2	27.6	27.9	6.3
California	100.0	28.1	25.7	34.3	11.9
Hawaii (1)	100.0	28.1	52.5	11.4	8.0
Oregon (1)	100.0	26.1	39.2	25.7	9.1
Washington	100.0	30.2	26.5	35.4	8.0

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations and payments to Medicare. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See data Appendix C.

Table 28

Medicaid Acute Care Expenditures, by Type of Service, 1995

	Total Acute Care (millions)	Mandatory (millions) (1)				Optional (millions) (2)		
		Total Mandatory	Mandatory Services	Medicare	MCOs (3)	Total Optional	Prescription Drugs	Other Acute Care (4)
United States	**$79,439**	**$60,759**	**$47,001**	**$3,855**	**$9,903**	**$18,680**	**$8,445**	**$10,235**
New England	**$4,919**	**$3,233**	**$2,416**	**$286**	**$531**	**$1,686**	**$522**	**$1,164**
Connecticut	994	663	538	125	< 1	331	116	215
Maine	401	259	215	36	8	142	60	81
Massachusetts	2,682	1,767	1,215	96	457	915	252	662
New Hampshire	215	153	131	10	12	62	30	32
Rhode Island	460	301	236	12	53	159	38	122
Vermont	167	90	82	8	0	78	26	52
Middle Atlantic	**$15,537**	**$11,921**	**$10,004**	**$394**	**$1,524**	**$3,616**	**$1,618**	**$1,998**
New Jersey	2,155	1,703	1,489	83	132	451	296	155
New York	10,467	8,044	7,082	185	777	2,423	857	1,566
Pennsylvania	2,915	2,174	1,433	126	615	741	465	276
South Atlantic	**$13,585**	**$10,525**	**$8,618**	**$797**	**$1,110**	**$3,060**	**$1,466**	**$1,594**
Delaware	189	146	135	5	5	43	17	26
District of Columbia	472	423	325	17	81	49	24	24
Florida	4,031	3,059	2,004	334	722	972	436	535
Georgia	2,278	1,742	1,635	107	< 1	536	246	290
Maryland	1,557	1,382	1,074	55	253	175	117	58
North Carolina	2,121	1,652	1,514	129	9	469	236	233
South Carolina	1,014	737	681	56	< 1	277	115	162
Virginia	1,146	888	786	62	39	258	166	92
West Virginia	777	495	463	32	< 1	283	110	173
East South Central	**$5,792**	**$4,620**	**$2,516**	**$334**	**$1,770**	**$1,172**	**$494**	**$678**
Alabama	930	627	551	75	< 1	303	155	148
Kentucky	1,304	984	919	65	< 1	320	203	118
Mississippi	938	766	682	84	0	172	137	36
Tennessee (5)	2,620	2,243	364	110	1,769	376	-1	377
West South Central	**$8,104**	**$5,994**	**$5,516**	**$477**	**$1**	**$2,110**	**$891**	**$1,219**
Arkansas	669	499	446	53	< 1	170	82	88
Louisiana	1,825	1,430	1,350	80	0	395	243	153
Oklahoma	605	432	382	49	< 1	173	88	85
Texas	5,005	3,633	3,339	294	< 1	1,372	478	893
East North Central	**$11,660**	**$9,128**	**$7,396**	**$525**	**$1,207**	**$2,532**	**$1,370**	**$1,162**
Illinois	3,642	2,863	2,539	170	154	779	379	400
Indiana	1,062	715	675	34	6	346	191	155
Michigan	2,942	2,435	1,839	106	490	507	254	253
Ohio	2,886	2,275	1,855	89	330	611	388	223
Wisconsin	1,128	840	488	126	226	288	158	130
West North Central	**$4,042**	**$2,903**	**$2,145**	**$310**	**$448**	**$1,139**	**$549**	**$590**
Iowa	675	481	332	66	83	194	85	110
Kansas	426	304	267	37	< 1	121	66	56
Minnesota	1,176	811	464	18	329	365	92	273
Missouri	1,157	859	684	147	28	297	220	78
Nebraska	339	252	215	29	7	87	53	34
North Dakota	118	79	75	3	< 1	40	16	23
South Dakota	151	117	107	9	< 1	34	18	16
Mountain	**$3,401**	**$2,830**	**$1,685**	**$118**	**$1,026**	**$571**	**$223**	**$349**
Arizona (5)	1,122	1,080	182	25	872	42	2	40
Colorado	680	569	460	23	85	111	64	47
Idaho	187	122	114	7	< 1	65	28	37
Montana	185	125	111	14	< 1	60	26	33
Nevada	266	207	179	10	18	59	17	42
New Mexico	500	354	335	19	0	146	40	106
Utah	376	302	235	17	50	75	36	38
Wyoming	85	71	68	3	< 1	14	10	4
Pacific	**$12,399**	**$9,606**	**$6,703**	**$616**	**$2,286**	**$2,793**	**$1,311**	**$1,482**
Alaska	205	163	159	5	< 1	42	16	26
California	9,176	7,067	5,435	530	1,103	2,109	1,058	1,051
Hawaii (5)	555	504	159	20	326	51	27	23
Oregon (5)	915	690	230	21	439	225	65	160
Washington	1,548	1,181	720	41	419	367	145	222

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Mandatory acute care services are those that states are required to offer to participate in Medicaid. These include inpatient, physician/lab/X-ray, federally qualified health center services, outpatient, rural health centers, and EPSDT.

(2) Optional acute care services are additional services that states are not required to offer, but may do so and receive federal reimbursement. These include prescription drugs, clinic services, family planning, case management, dental, vision, hospice, and other acute care (see footnote 4).

(3) Payments to managed care organizations may include some optional services.

(4) "Other acute care" includes case management, family planning, dental, vision, other practitioners' care, and all other unspecified acute care services.

(5) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 29

Distribution of Medicaid Acute Care Expenditures, by Type of Service, 1995

	Mandatory (1)				Optional (2)		
	Total Mandatory	Mandatory Services	Medicare	MCOs (3)	Total Optional	Prescription Drugs	Other Acute Care (4)
United States	**76.5%**	**59.2%**	**4.9%**	**12.5%**	**23.5%**	**10.6%**	**12.9%**
New England	**65.7%**	**49.1%**	**5.8%**	**10.8%**	**34.3%**	**10.6%**	**23.7%**
Connecticut	66.7	54.1	12.6	< 0.1	33.3	11.7	21.6
Maine	64.7	53.7	9.0	2.0	35.3	15.0	20.3
Massachusetts	65.9	45.3	3.6	17.0	34.1	9.4	24.7
New Hampshire	71.1	60.9	4.5	5.7	28.9	14.1	14.8
Rhode Island	65.4	51.2	2.5	11.6	34.6	8.2	26.4
Vermont	53.5	49.0	4.6	0.0	46.5	15.5	31.0
Middle Atlantic	**76.7%**	**64.4%**	**2.5%**	**9.8%**	**23.3%**	**10.4%**	**12.9%**
New Jersey	79.0	69.1	3.8	6.1	21.0	13.8	7.2
New York	76.9	67.7	1.8	7.4	23.1	8.2	15.0
Pennsylvania	74.6	49.2	4.3	21.1	25.4	16.0	9.5
South Atlantic	**77.5%**	**63.4%**	**5.9%**	**8.2%**	**22.5%**	**10.8%**	**11.7%**
Delaware	77.1	71.5	2.9	2.7	22.9	9.1	13.8
District of Columbia	89.7	69.0	3.6	17.2	10.3	5.2	5.1
Florida	75.9	49.7	8.3	17.9	24.1	10.8	13.3
Georgia	76.5	71.8	4.7	< 0.1	23.5	10.8	12.7
Maryland	88.8	69.0	3.5	16.3	11.2	7.5	3.7
North Carolina	77.9	71.4	6.1	0.4	22.1	11.1	11.0
South Carolina	72.7	67.1	5.6	< 0.1	27.3	11.3	16.0
Virginia	77.5	68.6	5.4	3.4	22.5	14.5	8.0
West Virginia	63.7	59.6	4.1	< 0.1	36.3	14.1	22.2
East South Central	**79.8%**	**43.4%**	**5.8%**	**30.6%**	**20.2%**	**8.5%**	**11.7%**
Alabama	67.4	59.2	8.1	< 0.1	32.6	16.7	16.0
Kentucky	75.4	70.5	5.0	< 0.1	24.6	15.5	9.0
Mississippi	81.6	72.7	8.9	0.0	18.4	14.6	3.8
Tennessee (5)	85.6	13.9	4.2	67.5	14.4	0.0	14.4
West South Central	**74.0%**	**68.1%**	**5.9%**	**0.0%**	**26.0%**	**11.0%**	**15.0%**
Arkansas	74.6	66.6	8.0	< 0.1	25.4	12.2	13.2
Louisiana	78.3	74.0	4.4	0.0	21.7	13.3	8.4
Oklahoma	71.3	63.1	8.2	0.1	28.7	14.6	14.1
Texas	72.6	66.7	5.9	< 0.1	27.4	9.6	17.9
East North Central	**78.3%**	**63.4%**	**4.5%**	**10.4%**	**21.7%**	**11.8%**	**10.0%**
Illinois	78.6	69.7	4.7	4.2	21.4	10.4	11.0
Indiana	67.4	63.6	3.2	0.6	32.6	18.0	14.6
Michigan	82.8	62.5	3.6	16.6	17.2	8.6	8.6
Ohio	78.8	64.3	3.1	11.4	21.2	13.4	7.7
Wisconsin	74.4	43.3	11.1	20.0	25.6	14.0	11.5
West North Central	**71.8%**	**53.1%**	**7.7%**	**11.1%**	**28.2%**	**13.6%**	**14.6%**
Iowa	71.2	49.2	9.7	12.3	28.8	12.5	16.2
Kansas	71.5	62.6	8.8	< 0.1	28.5	15.5	13.1
Minnesota	69.0	39.4	1.5	28.0	31.0	7.8	23.2
Missouri	74.3	59.2	12.7	2.4	25.7	19.0	6.7
Nebraska	74.2	63.4	8.6	2.2	25.8	15.7	10.0
North Dakota	66.5	63.6	2.7	0.2	33.5	13.8	19.6
South Dakota	77.4	71.2	6.2	< 0.1	22.6	11.7	10.9
Mountain	**83.2%**	**49.6%**	**3.5%**	**30.2%**	**16.8%**	**6.6%**	**10.2%**
Arizona (5)	96.2	16.2	2.3	77.7	3.8	0.2	3.6
Colorado	83.7	67.7	3.4	12.6	16.3	9.4	6.9
Idaho	65.3	61.2	3.9	0.2	34.7	14.8	19.9
Montana	67.7	60.1	7.4	0.2	32.3	14.2	18.1
Nevada	77.8	67.3	3.7	6.9	22.2	6.5	15.7
New Mexico	70.8	67.0	3.8	0.0	29.2	7.9	21.3
Utah	80.1	62.5	4.4	13.2	19.9	9.6	10.2
Wyoming	83.1	79.6	3.5	< 0.1	16.9	11.7	5.2
Pacific	**77.5%**	**54.1%**	**5.0%**	**18.4%**	**22.5%**	**10.6%**	**11.9%**
Alaska	79.7	77.4	2.4	< 0.1	20.3	7.7	12.6
California	77.0	59.2	5.8	12.0	23.0	11.5	11.5
Hawaii (5)	90.9	28.6	3.5	58.7	9.1	4.9	4.2
Oregon (5)	75.4	25.1	2.3	48.0	24.6	7.1	17.5
Washington	76.3	46.5	2.7	27.1	23.7	9.4	14.3

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Mandatory acute care services are those that states are required to offer to participate in Medicaid. These include inpatient, physician/lab/X-ray, federally qualified health center services, outpatient, rural health centers, and EPSDT.

(2) Optional acute care services are additional services that states are not required to offer, but may do so and receive federal reimbursement. These include prescription drugs, clinic services, family planning, case management, dental, vision, hospice, and other acute care (see footnote 4).

(3) Payments to managed care organizations may include some optional services.

(4) "Other acute care" includes case management, family planning, dental, vision, other practitioners' care, and all other unspecified acute care services.

(5) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 30

Medicaid Acute Care Expenditures per Beneficiary, by Type of Service, 1995

	Total Acute Care	Mandatory (1)				Optional (2)		
		Total Mandatory	Mandatory Services	Medicare	MCOs (3)	Total Optional	Prescription Drugs	Other Acute Care (4)
United States	**$2,256**	**$1,725**	**$1,335**	**$109**	**$281**	**$530**	**$240**	**$291**
New England	**$3,069**	**$2,017**	**$1,508**	**$178**	**$331**	**$1,052**	**$326**	**$726**
Connecticut	2,717	1,813	1,471	342	< 1	904	317	587
Maine	2,268	1,467	1,218	203	45	801	341	460
Massachusetts	3,698	2,437	1,675	132	630	1,261	348	913
New Hampshire	2,103	1,495	1,281	94	120	609	297	312
Rhode Island	3,395	2,219	1,739	85	395	1,176	279	897
Vermont	1,718	920	841	79	0	798	266	532
Middle Atlantic	**$3,088**	**$2,369**	**$1,988**	**$78**	**$303**	**$719**	**$322**	**$397**
New Jersey	2,772	2,191	1,915	106	169	581	381	200
New York	3,461	2,660	2,342	61	257	801	283	518
Pennsylvania	2,369	1,767	1,165	102	500	602	378	225
South Atlantic	**$2,214**	**$1,715**	**$1,404**	**$130**	**$181**	**$499**	**$239**	**$260**
Delaware	2,422	1,868	1,731	70	67	554	220	334
District of Columbia	3,448	3,093	2,377	123	593	355	178	177
Florida	2,324	1,764	1,155	192	416	560	252	309
Georgia	2,002	1,531	1,437	94	< 1	471	216	255
Maryland	3,776	3,351	2,605	133	614	424	283	141
North Carolina	1,971	1,535	1,407	120	8	436	219	217
South Carolina	2,051	1,491	1,377	114	< 1	560	232	328
Virginia	1,689	1,309	1,159	91	58	380	245	135
West Virginia	2,000	1,273	1,192	81	< 1	727	282	445
East South Central	**$1,829**	**$1,459**	**$795**	**$105**	**$559**	**$370**	**$156**	**$214**
Alabama	1,731	1,166	1,025	140	1	564	288	276
Kentucky	2,097	1,582	1,478	104	< 1	515	326	189
Mississippi	1,806	1,474	1,313	161	0	332	264	68
Tennessee (5)	1,761	1,508	245	74	1,189	253	0	253
West South Central	**$2,008**	**$1,485**	**$1,367**	**$118**	**< $1**	**$523**	**$221**	**$302**
Arkansas	1,912	1,426	1,274	152	< 1	486	234	252
Louisiana	2,397	1,878	1,773	105	0	519	319	200
Oklahoma	1,539	1,098	971	126	2	441	224	217
Texas	1,977	1,435	1,319	116	< 1	542	189	353
East North Central	**$2,227**	**$1,744**	**$1,413**	**$100**	**$231**	**$484**	**$262**	**$222**
Illinois	2,349	1,847	1,638	109	100	502	244	258
Indiana	1,904	1,283	1,210	61	12	621	342	279
Michigan	2,527	2,092	1,580	91	421	436	218	217
Ohio	1,918	1,512	1,233	59	219	406	258	149
Wisconsin	2,460	1,831	1,065	274	493	629	345	283
West North Central	**$2,012**	**$1,445**	**$1,068**	**$154**	**$223**	**$567**	**$273**	**$294**
Iowa	2,224	1,584	1,095	216	273	640	279	361
Kansas	1,689	1,208	1,058	149	< 1	482	261	221
Minnesota	2,558	1,764	1,009	39	716	793	199	594
Missouri	1,663	1,236	984	211	41	428	316	112
Nebraska	2,078	1,543	1,319	179	45	536	327	209
North Dakota	1,931	1,285	1,229	52	5	647	267	379
South Dakota	2,053	1,588	1,462	126	< 1	465	241	224
Mountain	**$2,128**	**$1,770**	**$1,054**	**$74**	**$642**	**$358**	**$139**	**$218**
Arizona (5)	2,272	2,187	369	52	1,766	85	5	81
Colorado	2,323	1,944	1,573	79	292	378	218	160
Idaho	1,624	1,060	994	63	3	563	240	324
Montana	1,892	1,281	1,137	139	4	612	269	343
Nevada	2,545	1,981	1,712	93	176	564	164	399
New Mexico	1,768	1,251	1,185	66	0	516	140	376
Utah	2,346	1,880	1,466	104	310	466	226	240
Wyoming	1,664	1,382	1,324	58	< 1	282	195	86
Pacific	**$1,938**	**$1,501**	**$1,048**	**$96**	**$357**	**$437**	**$205**	**$232**
Alaska	3,010	2,400	2,329	71	< 1	610	232	379
California	1,857	1,430	1,100	107	223	427	214	213
Hawaii (5)	2,432	2,210	696	86	1,428	222	119	103
Oregon (5)	2,024	1,526	509	46	972	497	144	353
Washington	2,186	1,667	1,017	58	591	519	205	313

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

(1) Mandatory acute care services are those that states are required to offer to participate in Medicaid. These include inpatient, physician/lab/X-ray, federally qualified health center services, outpatient, rural health centers, and EPSDT.

(2) Optional acute care services are additional services that states are not required to offer, but may do so and receive federal reimbursement. These include prescription drugs, clinic services, family planning, case management, dental, vision, hospice, and other acute care (see footnote 4).

(3) Payments to managed care organizations may include some optional services.

(4) "Other acute care" includes case management, family planning, dental, vision, other practitioners' care, and all other unspecified acute care services.

(5) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 31

Federal and State Shares of Medicaid Acute Care Expenditures, per Beneficiary and per Low-Income Person, 1995

	per Beneficiary			per Low-Income Person (1)		
	Total	Federal Share	State Share	Total	Federal Share	State Share
United States	**$2,256**	**$1,291**	**$965**	**$1,213**	**$694**	**$519**
New England	**$3,069**	**$1,595**	**$1,474**	**$1,984**	**$1,031**	**$953**
Connecticut	2,717	1,359	1,359	1,717	858	858
Maine	2,268	1,436	832	1,585	1,004	582
Massachusetts	3,698	1,849	1,849	2,365	1,182	1,182
New Hampshire	2,103	1,052	1,052	1,174	587	587
Rhode Island	3,395	1,884	1,511	2,217	1,230	987
Vermont	1,718	1,045	673	1,356	824	531
Middle Atlantic	**$3,088**	**$1,569**	**$1,519**	**$1,769**	**$899**	**$870**
New Jersey	2,772	1,386	1,386	1,570	785	785
New York	3,461	1,731	1,731	2,185	1,092	1,092
Pennsylvania	2,369	1,286	1,084	1,113	604	509
South Atlantic	**$2,214**	**$1,310**	**$904**	**$1,157**	**$685**	**$473**
Delaware	2,422	1,211	1,211	1,435	718	718
District of Columbia	3,448	1,724	1,724	2,380	1,190	1,190
Florida	2,324	1,308	1,016	1,035	582	452
Georgia	2,002	1,246	756	1,226	763	463
Maryland	3,776	1,888	1,888	1,606	803	803
North Carolina	1,971	1,275	696	1,242	804	438
South Carolina	2,051	1,450	601	898	635	263
Virginia	1,689	845	845	889	444	444
West Virginia	2,000	1,492	508	1,383	1,032	351
East South Central	**$1,829**	**$1,277**	**$553**	**$1,206**	**$842**	**$364**
Alabama	1,731	1,219	511	699	492	207
Kentucky	2,097	1,459	638	1,199	834	365
Mississippi	1,806	1,419	387	978	768	209
Tennessee (2)	1,761	1,171	590	1,838	1,223	616
West South Central	**$2,008**	**$1,341**	**$667**	**$904**	**$604**	**$300**
Arkansas	1,912	1,410	502	891	657	234
Louisiana	2,397	1,741	656	1,183	860	324
Oklahoma	1,539	1,078	461	632	442	189
Texas	1,977	1,252	725	876	555	321
East North Central	**$2,227**	**$1,259**	**$969**	**$1,255**	**$709**	**$546**
Illinois	2,349	1,174	1,174	1,370	685	685
Indiana	1,904	1,200	704	853	538	315
Michigan	2,527	1,437	1,091	1,420	807	613
Ohio	1,918	1,164	754	1,169	710	460
Wisconsin	2,460	1,471	989	1,332	797	535
West North Central	**$2,012**	**$1,191**	**$821**	**$1,028**	**$609**	**$419**
Iowa	2,224	1,393	831	1,144	716	428
Kansas	1,689	995	694	670	394	275
Minnesota	2,558	1,388	1,170	1,344	730	615
Missouri	1,663	995	668	972	582	390
Nebraska	2,078	1,255	823	1,090	658	431
North Dakota	1,931	1,327	604	816	561	255
South Dakota	2,053	1,398	656	817	556	261
Mountain	**$2,128**	**$1,375**	**$753**	**$876**	**$566**	**$310**
Arizona (2)	2,272	1,509	763	889	590	299
Colorado	2,323	1,233	1,089	1,078	572	505
Idaho	1,624	1,139	485	666	467	199
Montana	1,892	1,340	552	846	599	247
Nevada	2,545	1,272	1,272	779	390	390
New Mexico	1,768	1,296	472	771	566	206
Utah	2,346	1,723	622	958	704	254
Wyoming	1,664	1,046	618	788	495	293
Pacific	**$1,938**	**$991**	**$946**	**$1,067**	**$546**	**$521**
Alaska	3,010	1,505	1,505	1,544	772	772
California	1,857	928	928	981	490	490
Hawaii (2)	2,432	1,216	1,216	2,021	1,011	1,011
Oregon (2)	2,024	1,262	762	1,291	805	486
Washington	2,186	1,136	1,050	1,347	700	647

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare.

(1) Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 32

Medicaid Acute Care Expenditures per Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Beneficiary	(millions)	per Beneficiary	(millions)	per Beneficiary
United States	**$79,439**	**$2,256**	**$48,608**	**$2,463**	**$30,830**	**$1,992**
New England	**$4,919**	**$3,069**	**$2,870**	**$3,043**	**$2,049**	**$3,106**
Connecticut (1)	994	2,717	528	2,417	466	3,162
Maine	401	2,268	229	2,566	171	1,964
Massachusetts	2,682	3,698	1,604	3,692	1,078	3,708
New Hampshire (1)	215	2,103	129	1,956	86	2,372
Rhode Island	460	3,395	279	3,035	181	4,158
Vermont	167	1,718	101	2,345	67	1,223
Middle Atlantic	**$15,537**	**$3,088**	**$10,466**	**$3,315**	**$5,071**	**$2,705**
New Jersey	2,155	2,772	1,473	3,042	682	2,326
New York	10,467	3,461	7,121	3,507	3,347	3,367
Pennsylvania	2,915	2,369	1,872	2,914	1,043	1,774
South Atlantic	**$13,585**	**$2,214**	**$7,986**	**$2,386**	**$5,599**	**$2,007**
Delaware	189	2,422	114	2,781	75	2,027
District of Columbia	472	3,448	380	3,375	92	3,782
Florida	4,031	2,324	2,554	2,533	1,477	2,034
Georgia	2,278	2,002	1,375	2,293	902	1,678
Maryland	1,557	3,776	906	3,895	651	3,621
North Carolina	2,121	1,971	923	1,769	1,198	2,161
South Carolina	1,014	2,051	604	2,348	410	1,729
Virginia	1,146	1,689	650	1,853	496	1,514
West Virginia	777	2,000	480	2,150	297	1,798
East South Central	**$5,792**	**$1,829**	**$3,475**	**$2,106**	**$2,317**	**$1,528**
Alabama	930	1,731	589	2,013	342	1,395
Kentucky	1,304	2,097	899	2,454	405	1,585
Mississippi	938	1,806	627	1,939	311	1,587
Tennessee (2)	2,620	1,761	n/a	n/a	n/a	n/a
West South Central	**$8,104**	**$2,008**	**$4,600**	**$2,205**	**$3,504**	**$1,797**
Arkansas	669	1,912	401	2,173	268	1,621
Louisiana	1,825	2,397	1,063	2,414	762	2,373
Oklahoma	605	1,539	336	1,464	269	1,645
Texas	5,005	1,977	2,800	2,273	2,205	1,697
East North Central	**$11,660**	**$2,227**	**$7,100**	**$2,336**	**$4,560**	**$2,077**
Illinois	3,642	2,349	2,174	2,439	1,468	2,226
Indiana	1,062	1,904	589	1,896	473	1,914
Michigan	2,942	2,527	1,971	2,753	971	2,166
Ohio (1)	2,886	1,918	1,562	1,800	1,324	2,079
Wisconsin	1,128	2,460	804	3,158	325	1,589
West North Central	**$4,042**	**$2,012**	**$2,264**	**$2,299**	**$1,778**	**$1,736**
Iowa	675	2,224	396	2,487	279	1,933
Kansas	426	1,689	208	1,710	218	1,671
Minnesota	1,176	2,558	749	3,224	427	1,877
Missouri	1,157	1,663	588	1,699	569	1,628
Nebraska	339	2,078	172	2,640	167	1,705
North Dakota	118	1,931	62	2,308	56	1,638
South Dakota	151	2,053	89	2,654	61	1,545
Mountain	**$3,401**	**$2,128**	**$1,879**	**$2,318**	**$1,522**	**$1,933**
Arizona (2)	1,122	2,272	n/a	n/a	n/a	n/a
Colorado	680	2,323	399	2,527	280	2,083
Idaho	187	1,624	79	1,988	108	1,432
Montana	185	1,892	113	2,142	71	1,597
Nevada	266	2,545	83	1,768	184	3,172
New Mexico	500	1,768	322	1,911	178	1,556
Utah	376	2,346	158	2,704	219	2,141
Wyoming	85	1,664	46	2,009	40	1,390
Pacific	**$12,399**	**$1,938**	**$7,969**	**$2,143**	**$4,430**	**$1,653**
Alaska	205	3,010	125	2,846	80	3,309
California	9,176	1,857	6,165	2,059	3,011	1,547
Hawaii (1,2)	555	2,432	n/a	n/a	n/a	n/a
Oregon (2)	915	2,024	n/a	n/a	n/a	n/a
Washington	1,548	2,186	1,004	2,488	544	1,785

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Acute care services include inpatient, physician, lab, X-ray, outpatient, EPSDT, clinic, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare.
(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.
(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 33

Medicaid Acute Care Expenditures per Child Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Child Beneficiary	(millions)	per Child Beneficiary	(millions)	per Child Beneficiary
United States	**$23,703**	**$1,353**	**$12,802**	**$1,393**	**$10,901**	**$1,309**
New England	**$1,326**	**$1,811**	**$793**	**$1,785**	**$533**	**$1,852**
Connecticut	218	1,226	129	1,076	89	1,541
Maine	91	1,119	42	1,173	49	1,076
Massachusetts	806	2,592	480	2,571	326	2,624
New Hampshire	71	1,417	52	1,352	19	1,636
Rhode Island	94	1,543	67	1,493	27	1,681
Vermont	46	903	22	1,253	24	714
Middle Atlantic	**$4,577**	**$1,866**	**$2,891**	**$1,915**	**$1,686**	**$1,788.5**
New Jersey	448	1,246	271	1,249	177	1,242
New York	3,103	2,041	1,999	1,968	1,105	2,188
Pennsylvania	1,026	1,791	622	2,239	404	1,369
South Atlantic	**$4,343**	**$1,323**	**$2,109**	**$1,290**	**$2,234**	**$1,356**
Delaware	58	1,339	24	1,214	34	1,445
District of Columbia	136	1,851	120	1,937	16	1,379
Florida	1,616	1,556	827	1,511	789	1,607
Georgia	634	1,056	285	1,060	348	1,053
Maryland	527	2,548	300	2,758	228	2,315
North Carolina	622	1,159	261	939	361	1,394
South Carolina	258	1,092	99	956	159	1,198
Virginia	322	884	107	706	214	1,012
West Virginia	171	934	85	908	86	961
East South Central	**$1,352**	**$993**	**$552**	**$951**	**$800**	**$1,025**
Alabama	220	889	61	698	159	992
Kentucky	263	952	126	963	137	941
Mississippi	233	932	93	766	140	1,088
Tennessee (1)	636	1,082	n/a	n/a	n/a	n/a
West South Central	**$2,416**	**$1,124**	**$881**	**$956**	**$1,535**	**$1,251**
Arkansas	162	1,066	53	839	109	1,227
Louisiana	451	1,201	189	1,006	263	1,395
Oklahoma	216	1,083	95	854	121	1,373
Texas	1,586	1,116	544	973	1,041	1,209
East North Central	**$3,668**	**$1,377**	**$2,193**	**$1,415**	**$1,476**	**$1,323**
Illinois	1,132	1,387	646	1,345	486	1,447
Indiana	358	1,158	176	1,039	182	1,302
Michigan	885	1,610	585	1,733	300	1,414
Ohio	923	1,181	537	1,128	386	1,263
Wisconsin	372	1,785	250	2,888	122	1,002
West North Central	**$1,348**	**$1,330**	**$702**	**$1,471**	**$646**	**$1,205**
Iowa	217	1,538	111	1,571	106	1,506
Kansas	117	892	50	787	66	993
Minnesota	487	2,079	323	2,656	163	1,454
Missouri	338	971	164	971	175	972
Nebraska	118	1,281	30	1,083	88	1,367
North Dakota	30	1,064	10	960	21	1,123
South Dakota	40	1,061	13	956	27	1,121
Mountain	**$1,156**	**$1,315**	**$526**	**$1,305**	**$631**	**$1,323**
Arizona (1)	456	1,536	n/a	n/a	n/a	n/a
Colorado	201	1,545	111	1,586	90	1,496
Idaho	46	731	14	728	32	732
Montana	39	776	18	713	21	841
Nevada	79	1,479	36	1,356	43	1,599
New Mexico	166	973	80	923	86	1,024
Utah	141	1,598	48	1,692	93	1,554
Wyoming	29	1,044	12	1,040	17	1,046
Pacific	**$3,517**	**$1,179**	**$2,154**	**$1,291**	**$1,362**	**$1,036**
Alaska	78	2,018	43	1,654	35	2,756
California	2,577	1,110	1,573	1,215	1,004	978
Hawaii (1)	156	1,595	n/a	n/a	n/a	n/a
Oregon (1)	239	1,504	n/a	n/a	n/a	n/a
Washington	467	1,275	285	1,493	182	1,038

Source. Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficianes" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Child beneficiaries are non-disabled individuals under 18.
(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on the HCFA-2082 reports. See Appendix C.

Table 34

Medicaid Acute Care Expenditures per Adult Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Adult Beneficiary	(millions)	per Adult Beneficiary	(millions)	per Adult Beneficiary
United States	**$16,301**	**$2,048**	**$8,877**	**$2,022**	**$7,424**	**$2,079**
New England	**$785**	**$2,246**	**$553**	**$2,317**	**$232**	**$2,095**
Connecticut	173	2,006	130	2,126	43	1,709
Maine	70	1,915	45	2,052	25	1,706
Massachusetts	404	2,650	279	2,687	125	2,570
New Hampshire	41	1,799	31	1,793	10	1,818
Rhode Island	67	2,243	49	2,174	18	2,456
Vermont	30	1,385	17	1,550	12	1,201
Middle Atlantic	**$2,684**	**$2,615**	**$1,786**	**$2,626**	**$897**	**$2,593**
New Jersey	511	2,780	305	2,675	205	2,954
New York	1,738	2,796	1,178	2,686	560	3,059
Pennsylvania	435	1,967	303	2,376	132	1,409
South Atlantic	**$2,558**	**$2,274**	**$1,410**	**$2,135**	**$1,147**	**$2,470**
Delaware	35	2,214	18	1,982	17	2,510
District of Columbia	74	2,211	66	2,287	7	1,700
Florida	501	2,396	355	2,616	146	1,989
Georgia	614	2,520	292	2,354	322	2,693
Maryland	236	3,225	142	3,024	94	3,586
North Carolina	574	2,357	285	1,934	289	3,006
South Carolina	168	1,930	74	1,940	94	1,922
Virginia	193	1,563	94	1,284	99	1,973
West Virginia	164	1,700	85	1,478	79	2,026
East South Central	**$1,432**	**$1,878**	**$515**	**$1,868**	**$917**	**$1,884**
Alabama	184	2,097	66	1,634	118	2,496
Kentucky	270	2,145	132	2,035	138	2,263
Mississippi	138	1,788	91	1,708	47	1,966
Tennessee (1)	840	1,781	n/a	n/a	n/a	n/a
West South Central	**$1,796**	**$2,193**	**$758**	**$1,887**	**$1,037**	**$2,489**
Arkansas	79	1,375	25	1,159	54	1,504
Louisiana	341	2,388	158	2,094	182	2,719
Oklahoma	111	1,286	44	991	67	1,597
Texas	1,265	2,376	531	2,038	734	2,701
East North Central	**$2,079**	**$1,788**	**$1,361**	**$1,781**	**$718**	**$1,801**
Illinois	627	1,897	393	1,945	235	1,823
Indiana	200	1,742	155	1,747	45	1,726
Michigan	605	1,978	380	2,067	224	1,844
Ohio	501	1,519	320	1,355	181	1,931
Wisconsin	146	1,785	113	2,119	33	1,160
West North Central	**$707**	**$1,603**	**$417**	**$1,705**	**$290**	**$1,477**
Iowa	135	1,806	80	1,914	55	1,670
Kansas	93	1,658	51	1,528	43	1,845
Minnesota	213	2,137	141	2,604	72	1,581
Missouri	180	1,150	98	1,109	82	1,203
Nebraska	42	1,565	27	1,881	16	1,219
North Dakota	20	1,525	10	1,540	10	1,511
South Dakota	23	1,735	11	1,667	12	1,800
Mountain	**$786**	**$2,116**	**$391**	**$2,029**	**$395**	**$2,210**
Arizona (1)	259	2,331	n/a	n/a	n/a	n/a
Colorado	166	2,170	78	2,242	88	2,111
Idaho	41	1,646	16	1,661	25	1,637
Montana	31	1,392	16	1,366	15	1,423
Nevada	56	2,384	30	2,242	26	2,573
New Mexico	104	1,779	66	1,645	38	2,073
Utah	106	2,408	38	2,301	68	2,472
Wyoming	24	2,150	10	1,993	14	2,286
Pacific	**$3,474**	**$1,826**	**$1,685**	**$1,810**	**$1,790**	**$1,842**
Alaska	57	3,121	33	2,756	23	3,857
California	2,358	1,695	1,233	1,672	1,125	1,720
Hawaii (1)	291	2,934	n/a	n/a	n/a	n/a
Oregon (1)	358	1,710	n/a	n/a	n/a	n/a
Washington	410	2,229	220	2,070	190	2,447

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.
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(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 35

Medicaid Acute Care Expenditures per Blind & Disabled Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Blind & Disabled Beneficiary	(millions)	per Blind & Disabled Beneficiary	(millions)	per Blind & Disabled Beneficiary
United States	**$29,761**	**$5,088**	**$22,617**	**$5,006**	**$7,144**	**$5,366**
New England	**$2,062**	**$6,921**	**$1,355**	**$6,574**	**$707**	**$7,700**
Connecticut (1)	381	7,829	222	8,166	159	7,404
Maine	179	4,892	125	4,942	54	4,781
Massachusetts	1,135	7,070	766	6,576	369	8,377
New Hampshire (1)	75	6,176	40	5,915	35	6,504
Rhode Island	220	8,709	148	7,535	72	12,805
Vermont	72	4,882	54	5,027	18	4,489
Middle Atlantic	**$6,383**	**$6,910**	**$4,767**	**$6,879**	**$1,615**	**$7,004**
New Jersey	925	6,422	770	6,546	154	5,867
New York	4,366	8,552	3,204	8,011	1,163	10,507
Pennsylvania	1,091	4,056	793	4,523	298	3,183
South Atlantic	**$4,876**	**$4,849**	**$3,675**	**$4,903**	**$1,201**	**$4,692**
Delaware	81	6,428	66	6,772	15	5,277
District of Columbia	230	10,196	178	9,989	52	10,981
Florida	1,276	4,626	1,093	4,796	183	3,819
Georgia	798	4,197	698	4,343	100	3,398
Maryland	654	7,637	408	6,948	246	9,138
North Carolina (1)	642	4,460	292	5,009	351	4,087
South Carolina	423	4,485	337	4,503	87	4,418
Virginia	431	4,080	351	4,106	80	3,969
West Virginia	340	4,555	252	4,499	87	4,722
East South Central	**$2,446**	**$3,365**	**$2,133**	**$3,351**	**$314**	**$3,465**
Alabama	400	3,047	387	3,084	13	2,228
Kentucky	623	3,982	573	4,035	50	3,459
Mississippi	407	3,231	365	3,222	42	3,312
Tennessee (2)	1,017	3,245	n/a	n/a	n/a	n/a
West South Central	**$2,671**	**$4,776**	**$2,318**	**$4,742**	**$354**	**$5,011**
Arkansas	315	3,604	279	3,618	36	3,496
Louisiana	769	5,278	574	4,589	195	9,447
Oklahoma	176	3,134	144	3,077	32	3,416
Texas	1,412	5,225	1,321	5,508	91	2,996
East North Central	**$4,686**	**$5,229**	**$3,221**	**$5,280**	**$1,465**	**$5,121**
Illinois	1,555	5,614	1,045	5,735	510	5,383
Indiana	351	5,205	218	5,820	133	4,439
Michigan	1,256	5,637	947	5,563	310	5,878
Ohio (1)	1,092	4,870	624	4,988	468	4,720
Wisconsin	431	4,127	387	4,073	44	4,661
West North Central	**$1,411**	**$4,674**	**$989**	**$4,921**	**$422**	**$4,184**
Iowa	225	4,486	179	4,737	46	3,714
Kansas	161	4,103	103	4,445	58	3,614
Minnesota	381	5,481	264	6,029	117	4,548
Missouri	403	4,123	252	4,055	151	4,240
Nebraska	126	5,405	96	5,678	30	4,677
North Dakota	47	5,382	35	5,633	12	4,745
South Dakota	69	5,166	60	5,458	9	3,784
Mountain	**$1,176**	**$5,248**	**$826**	**$5,252**	**$350**	**$5,238**
Arizona (2)	335	5,438	n/a	n/a	n/a	n/a
Colorado	244	4,925	163	5,679	80	3,880
Idaho	83	4,489	44	5,038	39	3,998
Montana	88	5,405	71	5,397	17	5,438
Nevada	106	6,545	9	3,324	97	7,156
New Mexico	195	5,271	157	4,782	37	9,267
Utah	102	5,362	62	5,727	40	4,885
Wyoming	24	3,924	21	4,541	3	2,134
Pacific	**$4,050**	**$4,433**	**$3,334**	**$4,298**	**$716**	**$5,190**
Alaska	57	8,574	45	9,645	13	6,156
California	3,147	4,239	2,666	4,070	481	5,514
Hawaii (1,2)	63	4,620	n/a	n/a	n/a	n/a
Oregon (2)	235	5,090	n/a	n/a	n/a	n/a
Washington	547	5,223	446	5,189	101	5,377

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers.

Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. The blind and disabled beneficiary group includes individuals who, regardless of age, qualify for Medicaid because of disability.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 36

Medicaid Acute Care Expenditures per Elderly Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Elderly Beneficiary	(millions)	per Elderly Beneficiary	(millions)	per Elderly Beneficiary
United States	**$9,674**	**$2,488**	**$4,313**	**$2,629**	**$5,361**	**$2,384**
New England	**$746**	**$3,341**	**$169**	**$3,126**	**$577**	**$3,409**
Connecticut (1)	221	4,180	46	4,785	175	4,046
Maine	61	2,716	17	2,787	44	2,690
Massachusetts	337	3,330	78	2,885	259	3,494
New Hampshire (1)	27	1,617	5	1,710	22	1,597
Rhode Island	79	4,050	16	3,032	64	4,420
Vermont	20	1,950	7	2,242	13	1,826
Middle Atlantic	**$1,894**	**$3,010**	**$1,021**	**$3,734**	**$873**	**$2,454**
New Jersey	271	3,001	126	3,554	145	2,644
New York	1,260	3,392	741	4,205	519	2,657
Pennsylvania	363	2,169	154	2,493	209	1,979
South Atlantic	**$1,807**	**$2,495**	**$791**	**$2,616**	**$1,017**	**$2,408**
Delaware	15	2,391	6	2,602	9	2,263
District of Columbia	33	4,205	15	4,121	18	4,279
Florida	637	3,020	279	2,870	359	3,148
Georgia	231	2,228	100	2,167	132	2,278
Maryland	140	2,999	56	3,099	83	2,935
North Carolina (1)	284	1,864	86	2,231	198	1,739
South Carolina	165	2,150	93	2,325	71	1,957
Virginia	200	2,343	97	2,441	103	2,257
West Virginia	103	2,958	58	3,542	45	2,437
East South Central	**$562**	**$1,781**	**$275**	**$1,753**	**$287**	**$1,809**
Alabama	126	1,773	74	1,879	52	1,641
Kentucky	149	2,351	68	2,365	81	2,339
Mississippi	161	2,411	78	2,192	82	2,666
Tennessee (2)	126	1,102	n/a	n/a	n/a	n/a
West South Central	**$1,221**	**$2,399**	**$643**	**$2,347**	**$578**	**$2,460**
Arkansas	112	2,136	43	1,928	69	2,290
Louisiana	264	2,721	142	2,730	122	2,710
Oklahoma	102	1,997	53	1,957	49	2,042
Texas	742	2,410	404	2,348	338	2,489
East North Central	**$1,226**	**$2,395**	**$325**	**$2,799**	**$901**	**$2,276**
Illinois	328	2,586	91	3,394	237	2,370
Indiana	152	2,304	40	2,655	112	2,201
Michigan	196	2,282	59	2,460	137	2,213
Ohio (1)	371	2,192	82	2,651	289	2,090
Wisconsin	179	2,797	54	2,745	125	2,821
West North Central	**$577**	**$2,278**	**$157**	**$2,514**	**$421**	**$2,201**
Iowa	98	2,620	26	2,941	72	2,522
Kansas	55	2,132	4	3,098	51	2,076
Minnesota	96	1,687	21	1,635	75	1,702
Missouri	236	2,535	74	2,759	162	2,444
Nebraska	53	2,566	19	3,143	34	2,326
North Dakota	21	1,939	7	1,792	14	2,021
South Dakota	19	2,082	6	2,103	13	2,073
Mountain	**$283**	**$2,294**	**$136**	**$2,358**	**$147**	**$2,237**
Arizona (2)	73	2,957	n/a	n/a	n/a	n/a
Colorado	69	1,889	48	1,921	21	1,821
Idaho	17	1,858	5	2,353	12	1,705
Montana	27	3,034	8	3,480	19	2,881
Nevada	25	2,219	8	1,919	17	2,397
New Mexico	36	2,076	19	2,112	17	2,039
Utah	27	2,998	10	3,715	17	2,689
Wyoming	8	1,290	2	1,593	5	1,196
Pacific	**$1,358**	**$2,267**	**$796**	**$2,317**	**$562**	**$2,199**
Alaska	13	2,881	4	3,383	9	2,687
California	1,094	2,250	693	2,254	402	2,243
Hawaii (1,2)	44	2,556	n/a	n/a	n/a	n/a
Oregon (2)	83	2,199	n/a	n/a	n/a	n/a
Washington	123	2,322	52	2,599	71	2,155

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

"Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Acute care services include inpatient, physician, lab, X-ray, outpatient, EPSDT, clinic, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare. Elderly beneficiaries are people aged 65 and over. The elderly most likely include some disabled individuals who have spent down their assets to become Medicaid eligible and were not originally considered disabled.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 37

Medicaid Long-Term Care Expenditures, by Group, 1995

	Expenditures (millions)			
	Total	Children and Adults	Blind and Disabled	Elderly
United States	**$53,996**	**$1,964**	**$21,619**	**$30,414**
New England	**$4,889**	**$116**	**$1,916**	**$2,857**
Connecticut	1,394	38	520	836
Maine	383	21	128	234
Massachusetts	2,309	44	963	1,302
New Hampshire	305	4	101	201
Rhode Island	367	6	148	213
Vermont	132	4	56	72
Middle Atlantic	**$15,321**	**$525**	**$5,996**	**$8,800**
New Jersey	1,950	61	877	1,011
New York	10,141	327	4,112	5,702
Pennsylvania	3,230	137	1,007	2,087
South Atlantic	**$6,915**	**$248**	**$2,758**	**$3,908**
Delaware	138	7	64	67
District of Columbia	270	5	113	152
Florida	1,769	19	633	1,117
Georgia	894	12	465	418
Maryland	748	22	290	435
North Carolina	1,341	74	500	766
South Carolina	562	21	260	281
Virginia	767	42	272	453
West Virginia	425	45	161	219
East South Central	**$2,404**	**$58**	**$878**	**$1,468**
Alabama	606	5	230	371
Kentucky	631	36	248	347
Mississippi	403	14	150	239
Tennessee (1)	764	4	250	510
West South Central	**$4,246**	**$137**	**$1,705**	**$2,404**
Arkansas	533	33	232	268
Louisiana	1,026	70	472	485
Oklahoma	506	31	225	251
Texas	2,180	3	777	1,400
East North Central	**$8,637**	**$349**	**$3,486**	**$4,803**
Illinois	1,932	41	1,088	804
Indiana	1,069	54	411	604
Michigan	1,734	117	683	935
Ohio	2,627	51	863	1,712
Wisconsin	1,276	86	442	748
West North Central	**$4,009**	**$106**	**$1,632**	**$2,270**
Iowa	499	21	248	230
Kansas	446	22	211	212
Minnesota	1,549	47	630	872
Missouri	879	7	298	574
Nebraska	292	6	101	184
North Dakota	180	3	71	107
South Dakota	164	< 1	73	90
Mountain	**$1,795**	**$92**	**$779**	**$924**
Arizona (1)	357	12	142	202
Colorado	491	21	204	266
Idaho	147	< 1	73	73
Montana	175	7	57	111
Nevada	124	20	45	59
New Mexico	238	20	119	99
Utah	176	10	96	70
Wyoming	87	< 1	43	44
Pacific	**$5,780**	**$332**	**$2,468**	**$2,979**
Alaska	80	11	30	39
California	4,097	264	1,732	2,101
Hawaii (1)	173	8	47	118
Oregon (1)	495	24	234	237
Washington	934	25	426	484

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 38

Distribution of Medicaid Long-Term Care Expenditures, by Group, 1995

	Total	Children	Blind & Disabled	Elderly
United States	**100.0%**	**3.6%**	**40.0%**	**56.3%**
New England	**100.0%**	**2.4%**	**39.2%**	**58.4%**
Connecticut	100.0	2.7	37.3	60.0
Maine	100.0	5.4	33.5	61.1
Massachusetts	100.0	1.9	41.7	56.4
New Hampshire	100.0	1.2	33.0	65.8
Rhode Island	100.0	1.7	40.2	58.0
Vermont	100.0	2.8	42.7	54.5
Middle Atlantic	**100.0%**	**3.4%**	**39.1%**	**57.4%**
New Jersey	100.0	3.1	45.0	51.9
New York	100.0	3.2	40.5	56.2
Pennsylvania	100.0	4.2	31.2	64.6
South Atlantic	**100.0%**	**3.6%**	**39.9%**	**56.5%**
Delaware	100.0	5.3	46.4	48.3
District of Columbia	100.0	1.9	42.0	56.1
Florida	100.0	1.1	35.8	63.2
Georgia	100.0	1.3	51.9	46.7
Maryland	100.0	3.0	38.8	58.2
North Carolina	100.0	5.5	37.3	57.2
South Carolina	100.0	3.8	46.3	49.9
Virginia	100.0	5.5	35.5	59.0
West Virginia	100.0	10.5	37.9	51.6
East South Central	**100.0%**	**2.4%**	**36.5%**	**61.0%**
Alabama	100.0	0.8	37.9	61.3
Kentucky	100.0	5.6	39.4	55.0
Mississippi	100.0	3.5	37.2	59.4
Tennessee (1)	100.0	0.5	32.7	66.8
West South Central	**100.0%**	**3.2%**	**40.2%**	**56.6%**
Arkansas	100.0	6.1	43.6	50.3
Louisiana	100.0	6.8	46.0	47.2
Oklahoma	100.0	6.1	44.3	49.5
Texas	100.0	0.1	35.6	64.2
East North Central	**100.0%**	**4.0%**	**40.4%**	**55.6%**
Illinois	100.0	2.1	56.3	41.6
Indiana	100.0	5.0	38.4	56.5
Michigan	100.0	6.7	39.4	53.9
Ohio	100.0	2.0	32.9	65.2
Wisconsin	100.0	6.8	34.6	58.6
West North Central	**100.0%**	**2.6%**	**40.7%**	**56.6%**
Iowa	100.0	4.1	49.7	46.1
Kansas	100.0	5.0	47.4	47.7
Minnesota	100.0	3.0	40.7	56.3
Missouri	100.0	0.8	33.9	65.3
Nebraska	100.0	2.2	34.6	63.2
North Dakota	100.0	1.5	39.2	59.3
South Dakota	100.0	0.2	44.8	55.1
Mountain	**100.0%**	**5.1%**	**43.4%**	**51.5%**
Arizona (1)	100.0	3.5	39.9	56.6
Colorado	100.0	4.3	41.5	54.3
Idaho	100.0	0.6	49.8	49.6
Montana	100.0	4.1	32.4	63.5
Nevada	100.0	16.4	36.5	47.1
New Mexico	100.0	8.5	50.0	41.5
Utah	100.0	5.6	54.3	40.1
Wyoming	100.0	0.5	49.1	50.4
Pacific	**100.0%**	**5.7%**	**42.7%**	**51.5%**
Alaska	100.0	14.0	37.0	49.0
California	100.0	6.5	42.3	51.3
Hawaii (1)	100.0	4.6	27.4	68.0
Oregon (1)	100.0	4.8	47.2	48.0
Washington	100.0	2.7	45.6	51.8

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C

Table 39

Medicaid Long-Term Care Expenditures, by Type of Service, 1995

	Long-Term Care Expenditures (millions)				
	Total Long-Term Care	SNF/ ICF-Other	ICF/MR	Mental Health	Home Health
United States	**$53,996**	**$30,486**	**$10,003**	**$3,076**	**$10,431**
New England	**$4,889**	**$2,936**	**$650**	**$142**	**$1,161**
Connecticut	1,394	814	187	41	353
Maine	383	237	52	27	66
Massachusetts	2,309	1,402	351	53	503
New Hampshire	305	196	9	10	91
Rhode Island	367	216	47	12	93
Vermont	132	72	4	< 1	55
Middle Atlantic	**$15,321**	**$7,783**	**$2,921**	**$965**	**$3,652**
New Jersey	1,950	1,097	380	74	399
New York	10,141	4,598	2,042	580	2,920
Pennsylvania	3,230	2,088	500	310	332
South Atlantic	**$6,915**	**$4,097**	**$1,284**	**$315**	**$1,219**
Delaware	138	64	28	11	35
District of Columbia	270	156	66	30	19
Florida	1,769	1,211	247	15	297
Georgia	894	619	122	25	128
Maryland	748	460	79	11	198
North Carolina	1,341	718	363	34	225
South Carolina	562	245	193	49	75
Virginia	767	388	152	105	122
West Virginia	425	236	35	35	119
East South Central	**$2,404**	**$1,681**	**$389**	**$86**	**$248**
Alabama	606	428	79	18	82
Kentucky	631	389	70	40	131
Mississippi	403	276	90	24	13
Tennessee (1)	764	588	150	3	22
West South Central	**$4,246**	**$2,313**	**$1,071**	**$166**	**$697**
Arkansas	533	285	103	50	95
Louisiana	1,026	561	310	79	76
Oklahoma	506	271	99	37	100
Texas	2,180	1,197	559	0	425
East North Central	**$8,637**	**$5,427**	**$1,782**	**$442**	**$986**
Illinois	1,932	1,201	527	43	161
Indiana	1,069	684	291	47	47
Michigan	1,734	985	226	200	323
Ohio	2,627	1,767	521	112	227
Wisconsin	1,276	790	217	40	228
West North Central	**$4,009**	**$2,302**	**$854**	**$116**	**$736**
Iowa	499	257	171	21	50
Kansas	446	223	102	22	98
Minnesota	1,549	929	317	38	265
Missouri	879	498	160	18	203
Nebraska	292	197	35	2	57
North Dakota	180	103	39	8	30
South Dakota	164	94	31	6	33
Mountain	**$1,795**	**$975**	**$264**	**$108**	**$447**
Arizona (1)	357	205	67	18	67
Colorado	491	278	31	27	156
Idaho	147	80	42	0	26
Montana	175	105	14	14	42
Nevada	124	65	24	22	14
New Mexico	238	114	32	19	72
Utah	176	85	45	7	39
Wyoming	87	44	10	< 1	32
Pacific	**$5,780**	**$2,971**	**$786**	**$737**	**$1,285**
Alaska	80	50	9	11	9
California	4,097	2,115	561	639	781
Hawaii (1)	173	127	11	0	35
Oregon (1)	495	160	76	25	235
Washington	934	519	129	62	225

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 40

Distribution of Medicaid Long-Term Care Expenditures, by Type of Service, 1995

	Total	SNF/ ICF-Other	ICF/MR	Mental Health	Home Health
United States	**100.0%**	**56.5%**	**18.5%**	**5.7%**	**19.3%**
New England	**100.0%**	**60.1%**	**13.3%**	**2.9%**	**23.8%**
Connecticut	100.0	58.4	13.4	2.9	25.3
Maine	100.0	61.9	13.6	7.2	17.3
Massachusetts	100.0	60.7	15.2	2.3	21.8
New Hampshire	100.0	64.1	2.9	3.1	29.8
Rhode Island	100.0	58.8	12.7	3.2	25.4
Vermont	100.0	54.8	3.1	< 0.1	42.0
Middle Atlantic	**100.0%**	**50.8%**	**19.1%**	**6.3%**	**23.8%**
New Jersey	100.0	56.3	19.5	3.8	20.5
New York	100.0	45.3	20.1	5.7	28.8
Pennsylvania	100.0	64.6	15.5	9.6	10.3
South Atlantic	**100.0%**	**59.3%**	**18.6%**	**4.5%**	**17.6%**
Delaware	100.0	46.5	20.1	7.9	25.5
District of Columbia	100.0	57.6	24.4	11.2	6.9
Florida	100.0	68.4	13.9	0.8	16.8
Georgia	100.0	69.2	13.6	2.8	14.3
Maryland	100.0	61.5	10.5	1.4	26.5
North Carolina	100.0	53.6	27.1	2.5	16.8
South Carolina	100.0	43.6	34.3	8.8	13.4
Virginia	100.0	50.6	19.9	13.7	15.9
West Virginia	100.0	55.5	8.2	8.3	28.0
East South Central	**100.0%**	**69.9%**	**16.2%**	**3.6%**	**10.3%**
Alabama	100.0	70.6	13.0	3.0	13.4
Kentucky	100.0	61.7	11.1	6.4	20.7
Mississippi	100.0	68.5	22.3	5.9	3.3
Tennessee (1)	100.0	77.0	19.7	0.4	2.9
West South Central	**100.0%**	**54.5%**	**25.2%**	**3.9%**	**16.4%**
Arkansas	100.0	53.4	19.4	9.3	17.9
Louisiana	100.0	54.7	30.2	7.7	7.4
Oklahoma	100.0	53.4	19.5	7.3	19.8
Texas	100.0	54.9	25.6	0.0	19.5
East North Central	**100.0%**	**62.8%**	**20.6%**	**5.1%**	**11.4%**
Illinois	100.0	62.2	27.3	2.2	8.3
Indiana	100.0	63.9	27.2	4.4	4.4
Michigan	100.0	56.8	13.0	11.5	18.6
Ohio	100.0	67.3	19.8	4.3	8.6
Wisconsin	100.0	61.9	17.0	3.2	17.9
West North Central	**100.0%**	**57.4%**	**21.3%**	**2.9%**	**18.4%**
Iowa	100.0	51.6	34.2	4.3	9.9
Kansas	100.0	50.1	22.8	5.0	22.1
Minnesota	100.0	60.0	20.5	2.5	17.1
Missouri	100.0	56.7	18.2	2.1	23.1
Nebraska	100.0	67.7	12.1	0.7	19.5
North Dakota	100.0	57.2	21.6	4.6	16.6
South Dakota	100.0	57.3	18.9	3.6	20.2
Mountain	**100.0%**	**54.3%**	**14.7%**	**6.0%**	**24.9%**
Arizona (1)	100.0	57.4	18.7	5.2	18.7
Colorado	100.0	56.5	6.2	5.5	31.8
Idaho	100.0	54.0	28.2	0.0	17.8
Montana	100.0	60.1	7.8	8.2	23.8
Nevada	100.0	52.4	19.2	17.4	10.9
New Mexico	100.0	47.9	13.6	8.1	30.3
Utah	100.0	48.3	25.8	3.9	22.0
Wyoming	100.0	50.8	11.8	0.2	37.3
Pacific	**100.0%**	**51.4%**	**13.6%**	**12.8%**	**22.2%**
Alaska	100.0	63.0	11.5	14.2	11.3
California	100.0	51.6	13.7	15.6	19.1
Hawaii (1)	100.0	73.2	6.5	0.0	20.3
Oregon (1)	100.0	32.3	15.3	5.0	47.4
Washington	100.0	55.5	13.8	6.6	24.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 41

Medicaid Long-Term Care Expenditures per Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Beneficiary	(millions)	per Beneficiary	(millions)	per Beneficiary
United States	**$53,996**	**$1,533**	**$15,853**	**$803**	**$38,143**	**$2,464**
New England	**$4,889**	**$3,051**	**$991**	**$1,051**	**$3,898**	**$5,910**
Connecticut (1)	1,394	3,811	296	1,356	1,098	7,451
Maine	383	2,168	72	806	311	3,560
Massachusetts	2,309	3,184	399	919	1,910	6,566
New Hampshire (1)	305	2,988	61	927	244	6,740
Rhode Island	367	2,709	110	1,196	257	5,915
Vermont	132	1,351	53	1,224	79	1,451
Middle Atlantic	**$15,321**	**$3,045**	**$4,902**	**$1,553**	**$10,419**	**$5,557**
New Jersey	1,950	2,508	583	1,205	1,367	4,661
New York	10,141	3,353	3,538	1,743	6,603	6,643
Pennsylvania	3,230	2,626	780	1,215	2,450	4,167
South Atlantic	**$6,915**	**$1,127**	**$2,113**	**$631**	**$4,802**	**$1,721**
Delaware	138	1,770	48	1,175	90	2,426
District of Columbia	270	1,975	112	999	158	6,469
Florida	1,769	1,020	533	529	1,236	1,702
Georgia	894	786	261	434	634	1,179
Maryland	748	1,812	251	1,080	496	2,760
North Carolina (1)	1,341	1,245	332	636	1,009	1,819
South Carolina	562	1,138	184	716	378	1,595
Virginia	767	1,131	243	692	525	1,602
West Virginia	425	1,093	148	664	277	1,672
East South Central	**$2,404**	**$759**	**$1,054**	**$639**	**$1,350**	**$890**
Alabama	606	1,128	175	598	431	1,761
Kentucky	631	1,014	216	589	415	1,624
Mississippi	403	776	123	381	280	1,429
Tennessee (2)	764	513	n/a	n/a	n/a	n/a
West South Central	**$4,246**	**$1,052**	**$1,155**	**$553**	**$3,092**	**$1,586**
Arkansas	533	1,524	199	1,080	334	2,019
Louisiana	1,026	1,348	134	305	892	2,780
Oklahoma	506	1,288	118	514	388	2,375
Texas	2,180	861	703	571	1,477	1,137
East North Central	**$8,637**	**$1,650**	**$2,127**	**$700**	**$6,511**	**$2,965**
Illinois	1,932	1,246	558	626	1,374	2,084
Indiana	1,069	1,917	268	863	801	3,242
Michigan	1,734	1,490	536	748	1,199	2,675
Ohio (1)	2,627	1,746	438	505	2,189	3,437
Wisconsin	1,276	2,781	327	1,286	948	4,644
West North Central	**$4,009**	**$1,996**	**$973**	**$988**	**$3,036**	**$2,965**
Iowa	499	1,644	128	806	371	2,568
Kansas	446	1,770	71	584	375	2,878
Minnesota	1,549	3,369	381	1,640	1,168	5,133
Missouri	879	1,264	232	672	647	1,851
Nebraska	292	1,785	91	1,395	201	2,045
North Dakota	180	2,938	46	1,730	134	3,877
South Dakota	164	2,232	22	665	141	3,560
Mountain	**$1,795**	**$1,123**	**$548**	**$676**	**$1,246**	**$1,582**
Arizona (2)	357	722	n/a	n/a	n/a	n/a
Colorado	491	1,677	209	1,322	282	2,094
Idaho	147	1,282	23	568	125	1,659
Montana	175	1,798	49	925	127	2,829
Nevada	124	1,188	10	205	115	1,982
New Mexico	238	839	91	541	146	1,278
Utah	176	1,096	39	669	137	1,340
Wyoming	87	1,689	24	1,068	63	2,181
Pacific	**$5,780**	**$903**	**$1,991**	**$536**	**$3,788**	**$1,414**
Alaska	80	1,174	28	639	52	2,149
California	4,097	829	1,468	490	2,629	1,350
Hawaii (1,2)	173	760	n/a	n/a	n/a	n/a
Oregon (2)	495	1,095	n/a	n/a	n/a	n/a
Washington	934	1,319	317	786	617	2,026

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Acute care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable form on the HCFA 2082. See Appendix C.

Table 42

Medicaid Long-Term Care Expenditures per Adult and Child Beneficiary, 1995

	Total (millions)	per Adult & Child Beneficiary
United States	**$1,963.7**	**$77.1**
New England	**$116.3**	**$107.6**
Connecticut	38.3	144.9
Maine	20.6	175.5
Massachusetts	43.5	93.9
New Hampshire	3.8	52.0
Rhode Island	6.4	70.5
Vermont	3.7	51.1
Middle Atlantic	**$524.7**	**$150.8**
New Jersey	61.3	112.9
New York	326.5	152.4
Pennsylvania	136.9	172.5
South Atlantic	**$248.3**	**$56.3**
Delaware	7.3	123.0
District of Columbia	5.2	49.3
Florida	19.2	15.4
Georgia	11.8	14.0
Maryland	22.1	78.9
North Carolina	74.1	95.0
South Carolina	21.3	65.8
Virginia	42.5	87.2
West Virginia	44.7	160.2
East South Central	**$58.2**	**$27.4**
Alabama	4.8	14.4
Kentucky	35.6	88.5
Mississippi	13.9	42.6
Tennessee (1)	3.9	n/a
West South Central	**$136.7**	**$46.1**
Arkansas	32.6	155.4
Louisiana	69.9	134.8
Oklahoma	31.0	108.5
Texas	3.2	1.6
East North Central	**$348.7**	**$91.1**
Illinois	40.6	35.4
Indiana	53.9	127.0
Michigan	116.6	136.3
Ohio	51.5	46.3
Wisconsin	86.1	296.9
West North Central	**$106.2**	**$73.0**
Iowa	20.6	95.5
Kansas	22.1	118.1
Minnesota	47.0	140.9
Missouri	7.0	13.9
Nebraska	6.4	53.9
North Dakota	2.7	64.5
South Dakota	.3	5.0
Mountain	**$92.4**	**$73.8**
Arizona (1)	12.5	30.6
Colorado	20.9	101.2
Idaho	.9	9.8
Montana	7.2	99.8
Nevada	20.4	264.6
New Mexico	20.2	88.5
Utah	9.9	74.5
Wyoming	.4	10.5
Pacific	**$332.2**	**$68.0**
Alaska	11.2	197.1
California	264.5	71.2
Hawaii (1)	8.0	40.7
Oregon (1)	23.7	64.5
Washington	24.8	45.0

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 43

Medicaid Long-Term Care Expenditures per Blind & Disabled Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other	
	(millions)	per Blind & Disabled Beneficiary	(millions)	per Blind & Disabled Beneficiary	(millions)	per Blind & Disabled Beneficiary
United States	**$21,619**	**$3,696**	**$10,637**	**$2,355**	**$10,981**	**$8,249**
New England	**$1,916**	**$6,429**	**$775**	**$3,760**	**$1,141**	**$12,418**
Connecticut (1)	520	10,673	225	8,274	295	13,703
Maine	128	3,508	57	2,237	72	6,353
Massachusetts	963	5,999	303	2,599	660	14,988
New Hampshire (1)	101	8,259	54	7,931	47	8,672
Rhode Island	148	5,850	93	4,730	55	9,757
Vermont	56	3,820	44	4,106	12	3,045
Middle Atlantic	**$5,996**	**$6,491**	**$2,991**	**$4,316**	**$3,005**	**$13,030**
New Jersey	877	6,091	425	3,607	453	17,194
New York	4,112	8,054	2,049	5,123	2,063	18,645
Pennsylvania	1,007	3,741	518	2,951	489	5,222
South Atlantic	**$2,758**	**$2,743**	**$1,435**	**$1,914**	**$1,324**	**$5,170**
Delaware	64	5,070	34	3,521	30	10,261
District of Columbia	113	5,032	73	4,080	41	8,638
Florida	633	2,293	403	1,767	230	4,792
Georgia	465	2,442	205	1,273	260	8,834
Maryland	290	3,388	162	2,769	128	4,735
North Carolina	500	3,472	191	3,281	309	3,602
South Carolina	260	2,759	129	1,728	131	6,691
Virginia	272	2,576	136	1,589	136	6,776
West Virginia	161	2,158	102	1,815	59	3,195
East South Central	**$878**	**$1,208**	**$608**	**$956**	**$270**	**$2,983**
Alabama	230	1,751	130	1,035	100	17,360
Kentucky	248	1,589	167	1,178	81	5,672
Mississippi	150	1,192	93	818	57	4,533
Tennessee (2)	250	797	n/a	n/a	n/a	n/a
West South Central	**$1,705**	**$3,049**	**$703**	**$1,438**	**$1,003**	**$14,201**
Arkansas	232	2,657	149	1,932	83	8,162
Louisiana	472	3,240	83	664	389	18,832
Oklahoma	225	4,005	79	1,697	145	15,507
Texas	777	2,875	391	1,632	385	12,674
East North Central	**$3,486**	**$3,890**	**$1,637**	**$2,684**	**$1,849**	**$6,462**
Illinois	1,088	3,926	481	2,641	606	6,395
Indiana	411	6,089	175	4,669	236	7,855
Michigan	683	3,064	412	2,422	271	5,137
Ohio (1)	863	3,849	302	2,412	561	5,665
Wisconsin	442	4,227	267	2,812	175	18,403
West North Central	**$1,632**	**$5,409**	**$713**	**$3,550**	**$919**	**$9,116**
Iowa	248	4,959	109	2,879	140	11,343
Kansas	211	5,393	57	2,486	154	9,556
Minnesota	630	9,069	314	7,183	316	12,280
Missouri	298	3,047	132	2,116	166	4,676
Nebraska	101	4,338	52	3,085	49	7,680
North Dakota	71	8,097	31	5,031	39	15,874
South Dakota	73	5,488	18	1,601	56	23,846
Mountain	**$779**	**$3,475**	**$338**	**$2,153**	**$440**	**$6,589**
Arizona (2)	142	2,314	n/a	n/a	n/a	n/a
Colorado	204	4,116	101	3,503	103	4,964
Idaho	73	3,972	15	1,756	58	5,955
Montana	57	3,513	29	2,243	28	8,868
Nevada	45	2,803	2	586	44	3,224
New Mexico	119	3,217	72	2,186	47	11,652
Utah	96	5,025	29	2,694	67	8,068
Wyoming	43	6,832	21	4,477	22	13,663
Pacific	**$2,468**	**$2,702**	**$1,436**	**$1,852**	**$1,032**	**$7,478**
Alaska	30	4,434	17	3,647	13	6,212
California	1,732	2,333	1,077	1,644	655	7,513
Hawaii (1,2)	47	3,468	n/a	n/a	n/a	n/a
Oregon (2)	234	5,064	n/a	n/a	n/a	n/a
Washington	426	4,061	256	2,978	170	9,022

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services. The blind and disabled beneficiary group includes individuals who, regardless of age, qualify for Medicaid because of disability.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Long-term care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 44

Medicaid Long-Term Care Expenditures per Elderly Beneficiary, by Cash Assistance Status, 1995

	Total		Cash Assistance		Other Assistance	
	(millions)	per Elderly Beneficiary	(millions)	per Elderly Beneficiary	(millions)	per Elderly Beneficiary
United States	**$30,414**	**$7,821**	**$4,307**	**$2,626**	**$26,107**	**$11,612**
New England	**$2,857**	**$12,803**	**$174**	**$3,229**	**$2,683**	**$15,860**
Connecticut (1)	836	15,785	56	5,766	780	18,012
Maine	234	10,413	5	845	229	13,913
Massachusetts	1,302	12,872	88	3,226	1,215	16,412
New Hampshire (1)	201	11,853	6	1,903	195	13,987
Rhode Island	213	10,875	14	2,648	199	13,860
Vermont	72	7,107	7	2,216	65	9,182
Middle Atlantic	**$8,800**	**$13,984**	**$1,545**	**$5,647**	**$7,256**	**$20,394**
New Jersey	1,011	11,184	108	3,029	904	16,452
New York	5,702	15,354	1,254	7,118	4,448	22,787
Pennsylvania	2,087	12,459	183	2,958	1,904	18,022
South Atlantic	**$3,908**	**$5,395**	**$587**	**$1,940**	**$3,322**	**$7,870**
Delaware	67	10,945	10	4,472	56	14,905
District of Columbia	152	19,406	35	9,732	116	27,867
Florida	1,117	5,293	120	1,236	997	8,754
Georgia	418	4,023	51	1,115	367	6,342
Maryland	435	9,331	81	4,455	354	12,456
North Carolina (1)	766	5,036	124	3,213	643	5,654
South Carolina	281	3,669	48	1,187	233	6,412
Virginia	453	5,302	89	2,247	363	7,971
West Virginia	219	6,301	27	1,648	192	10,452
East South Central	**$1,468**	**$4,652**	**$422**	**$2,688**	**$1,046**	**$6,596**
Alabama	371	5,210	44	1,101	328	10,357
Kentucky	347	5,484	34	1,198	312	9,054
Mississippi	239	3,593	23	640	217	7,016
Tennessee (2)	510	4,463	n/a	n/a	n/a	n/a
West South Central	**$2,404**	**$4,724**	**$404**	**$1,475**	**$2,000**	**$8,511**
Arkansas	268	5,100	45	2,003	223	7,404
Louisiana	485	4,995	22	432	462	10,291
Oklahoma	251	4,892	27	982	224	9,348
Texas	1,400	4,547	310	1,800	1,091	8,021
East North Central	**$4,803**	**$9,382**	**$348**	**$2,996**	**$4,454**	**$11,257**
Illinois	804	6,344	65	2,449	738	7,384
Indiana	604	9,157	61	4,045	543	10,664
Michigan	935	10,859	67	2,794	868	13,990
Ohio (1)	1,712	10,124	108	3,527	1,604	11,591
Wisconsin	748	11,676	46	2,354	701	15,798
West North Central	**$2,270**	**$8,963**	**$234**	**$3,758**	**$2,036**	**$10,660**
Iowa	230	6,141	16	1,793	215	7,481
Kansas	212	8,254	8	5,976	204	8,385
Minnesota	872	15,403	57	4,500	815	18,533
Missouri	574	6,180	98	3,667	476	7,200
Nebraska	184	8,881	36	5,928	148	10,112
North Dakota	107	9,893	14	3,573	93	13,454
South Dakota	90.3	10,052	5	1,791	86	13,481
Mountain	**$924**	**$7,499**	**$172**	**$2,989**	**$752**	**$11,458**
Arizona (2)	202	8,188	n/a	n/a	n/a	n/a
Colorado	266	7,290	99	4,006	167	14,207
Idaho	73	7,842	7	3,162	66	9,284
Montana	111	12,456	16	7,016	95	14,324
Nevada	59	5,172	3	698	56	7,831
New Mexico	99	5,667	8	910	90	10,737
Utah	70	7,716	7	2,725	63	9,868
Wyoming	44	7,382	3	2,353	40	8,939
Pacific	**$2,979**	**$4,973**	**$422**	**$1,227**	**$2,557**	**$10,014**
Alaska	39	8,776	3	2,670	36	11,132
California	2,101	4,319	294	957	1,807	10,092
Hawaii (1,2)	118	6,793	n/a	n/a	n/a	n/a
Oregon (2)	237	6,284	n/a	n/a	n/a	n/a
Washington	484	9,111	48	2,403	436	13,161

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services. Elderly beneficiaries are people aged 65 and over. The elderly most likely includes some disabled individuals who have spent down their assets to become Medicaid eligible and were not originally considered disabled.

(1) Some states exercising the 209-b option do not categorize elderly, blind, and disabled Medicaid beneficiaries in the same manner as other states. Corrections were made where possible by adjusting these numbers to better reflect the actual number of cash and non-cash aged and blind/disabled beneficiaries. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. Long-term care expenditures are not available by cash assistance status because a large portion of expenditures in these states are payments to MCOs, which are not distributed in a reliable format on HCFA-2082 reports. See Appendix C.

Table 45

Medicaid Payments to Medicare and Managed Care Organizations, per Beneficiary, 1995

	Payments to Medicare (1)		Payments to MCOs (2)	
	(thousands)	per Elderly and Blind / Disabled Beneficiary	(thousands)	per Adult & Child Beneficiary
United States	**$3,854,827**	**$396**	**$9,902,698**	**$389**
New England	**$285,654**	**$548**	**$530,509**	**$491**
Connecticut	125,175	1,231	14	< 1
Maine	35,915	608	7,983	68
Massachusetts	95,745	366	456,810	986
New Hampshire	9,596	330	12,214	167
Rhode Island	11,553	258	53,488	590
Vermont	7,671	310	0	0
Middle Atlantic	**$393,611**	**$253**	**$1,523,642**	**$438**
New Jersey	82,786	353	131,623	242
New York	185,251	210	777,031	363
Pennsylvania	125,574	288	614,988	775
South Atlantic	**$796,782**	**$461**	**$1,109,914**	**$252**
Delaware	5,477	292	5,192	88
District of Columbia	16,795	553	81,148	762
Florida	333,544	685	721,957	579
Georgia	106,669	363	319	< 1
Maryland	54,908	415	253,094	903
North Carolina	129,476	437	8,616	11
South Carolina	56,435	330	90	< 1
Virginia	61,928	324	39,496	81
West Virginia	31,549	288	2	< 1
East South Central	**$333,580**	**$320**	**$1,769,927**	**$833**
Alabama	75,474	372	672	2
Kentucky	64,842	295	54	< 1
Mississippi	83,535	434	0	0
Tennessee (3)	109,729	257	1,769,200	1,669
West South Central	**$476,757**	**$446**	**$719**	**$0**
Arkansas	53,338	381	5	< 1
Louisiana	79,831	329	0	0
Oklahoma	49,393	460	712	2
Texas	294,194	509	2	< 1
East North Central	**$524,940**	**$373**	**$1,206,842**	**$315**
Illinois	169,760	421	154,468	135
Indiana	34,155	256	6,461	15
Michigan	106,052	343	489,770	573
Ohio	89,258	227	330,210	297
Wisconsin	125,716	746	225,933	779
West North Central	**$309,553**	**$558**	**$448,401**	**$308**
Iowa	65,697	750	82,948	384
Kansas	37,438	577	185	< 1
Minnesota	18,107	144	329,359	987
Missouri	146,689	769	28,226	56
Nebraska	29,169	663	7,392	62
North Dakota	3,167	162	277	7
South Dakota	9,287	416	14	< 1
Mountain	**$117,784**	**$339**	**$1,026,342**	**$820**
Arizona (3)	25,474	296	872,052	2,140
Colorado	23,210	270	85,431	413
Idaho	7,301	262	303	3
Montana	13,600	541	424	6
Nevada	9,770	355	18,375	238
New Mexico	18,806	346	0	0
Utah	16,662	592	49,739	376
Wyoming	2,961	244	19	< 1
Pacific	**$616,166**	**$407**	**$2,286,402**	**$468**
Alaska	4,826	433	7	< 1
California	529,759	431	1,102,510	297
Hawaii (3)	19,536	629	325,873	1,653
Oregon (3)	20,727	247	439,148	1,193
Washington	41,318	262	418,864	761

Source: Urban Institute calculations based on data from HCFA-2082 reports, HCFA-64 reports, and the March 1996 Current Population Survey.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

(1) Payments to Medicare were distributed among the aged, blind, and disabled as described in Appendix C.

(2) Payments to managed care organizations were distributed among adults and children as described in Appendix C.

(3) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 46

Federal and State Shares of Medicaid Disproportionate Share Hospital Payments, per Low-income and Uninsured Person, 1995

	Total			Federal			State		
	(millions)	per Low-income Person (1)	per Uninsured Person	(millions)	per Low-income Person (1)	per Uninsured Person	(millions)	per Low-income Person (1)	per Uninsured Person
United States	**$18,988**	**$290**	**$533**	**$10,791**	**$165**	**$303**	**$8,198**	**$125**	**$230**
New England	**$1,763**	**$711**	**$1,296**	**$911**	**$367**	**$670**	**$851**	**$343**	**$626**
Connecticut	450	778	1,561	225	389	781	225	389	781
Maine	165	654	1,212	102	405	751	63	249	461
Massachusetts	610	537	918	305	269	459	305	269	459
New Hampshire	329	1,797	2,855	164	898	1,428	164	898	1,428
Rhode Island	171	826	1,798	92	445	969	79	381	829
Vermont	37	302	617	22	180	367	15	122	249
Middle Atlantic	**$4,995**	**$569**	**$1,043**	**$2,534**	**$289**	**$529**	**$2,461**	**$280**	**$514**
New Jersey	1,287	937	1,279	643	469	639	643	469	639
New York	2,917	609	1,099	1,458	304	550	1,458	304	550
Pennsylvania	792	302	701	433	165	383	360	137	318
South Atlantic	**$2,001**	**$170**	**$309**	**$1,232**	**$105**	**$190**	**$769**	**$66**	**$119**
Delaware	7	54	76	4	27	38	4	27	38
District of Columbia	50	253	519	25	127	259	25	127	259
Florida	334	86	147	183	47	81	151	39	67
Georgia	410	220	399	256	138	250	154	83	150
Maryland	160	165	253	80	83	126	80	83	126
North Carolina	429	251	517	280	164	337	150	88	180
South Carolina	440	390	851	313	277	605	127	113	246
Virginia	145	113	188	73	56	94	73	56	94
West Virginia	25	44	106	19	34	80	6	11	26
East South Central	**$820**	**$171**	**$416**	**$597**	**$124**	**$303**	**$223**	**$46**	**$113**
Alabama	417	314	658	297	223	469	120	90	189
Kentucky	220	202	416	156	143	295	64	59	121
Mississippi	183	190	397	144	150	313	39	40	84
Tennessee (2,3)	0	0	0	0	0	0	0	0	0
West South Central	**$2,800**	**$312**	**$481**	**$1,916**	**$214**	**$329**	**$884**	**$99**	**$152**
Arkansas	3	4	8	2	3	6	1	1	2
Louisiana	1,265	820	1,580	930	603	1,162	335	217	419
Oklahoma	18	19	35	13	13	25	5	6	10
Texas	1,513	265	371	971	170	238	542	95	133
East North Central	**$1,891**	**$204**	**$436**	**$1,097**	**$118**	**$253**	**$794**	**$86**	**$183**
Illinois	413	155	351	206	78	176	206	78	176
Indiana	398	320	618	253	203	393	145	117	226
Michigan	438	211	499	247	119	282	191	92	218
Ohio	630	255	507	383	155	308	247	100	199
Wisconsin	12	14	29	7	8	18	5	5	12
West North Central	**$843**	**$214**	**$475**	**$509**	**$130**	**$287**	**$334**	**$85**	**$188**
Iowa	5	8	18	3	5	11	2	3	7
Kansas	74	116	249	44	69	148	30	47	101
Minnesota	24	28	65	13	15	35	11	13	29
Missouri	729	613	1,236	442	371	749	287	241	486
Nebraska	9	29	62	6	18	38	3	11	24
North Dakota	1	8	23	1	6	16	0	2	7
South Dakota	1	6	16	1	4	11	0	2	5
Mountain	**$565**	**$146**	**$239**	**$321**	**$83**	**$136**	**$244**	**$63**	**$104**
Arizona (2)	122	97	166	81	64	109	42	33	57
Colorado	355	562	758	193	305	412	162	257	346
Idaho	4	14	26	3	10	18	1	4	8
Montana	0	1	2	0	1	2	0	0	1
Nevada	74	215	315	37	108	158	37	107	156
New Mexico	7	10	17	5	8	13	2	3	4
Utah	3	8	17	2	6	13	1	2	4
Wyoming (3)	0	0	0	0	0	0	0	0	0
Pacific	**$3,311**	**$285**	**$494**	**$1,674**	**$144**	**$249**	**$1,637**	**$141**	**$244**
Alaska	18	139	280	9	69	140	9	69	140
California	2,915	312	523	1,458	156	261	1,458	156	261
Hawaii (2)	1	4	15	1	2	7	1	2	7
Oregon (2)	28	40	72	17	25	45	11	15	27
Washington	348	303	576	189	164	312	159	139	264

Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments.

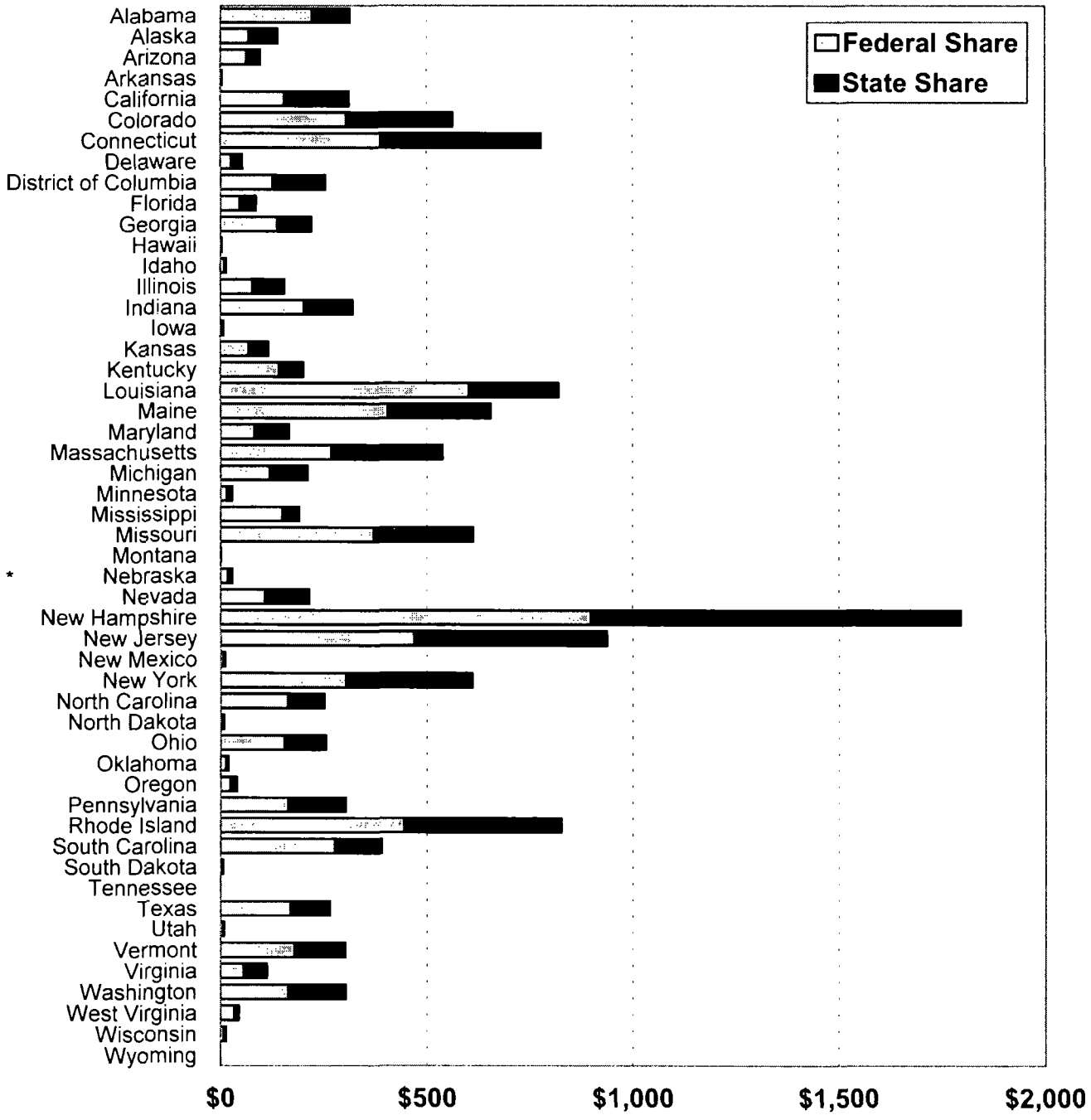
(1) Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) No DSH payments reported in 1995.

Figure 15

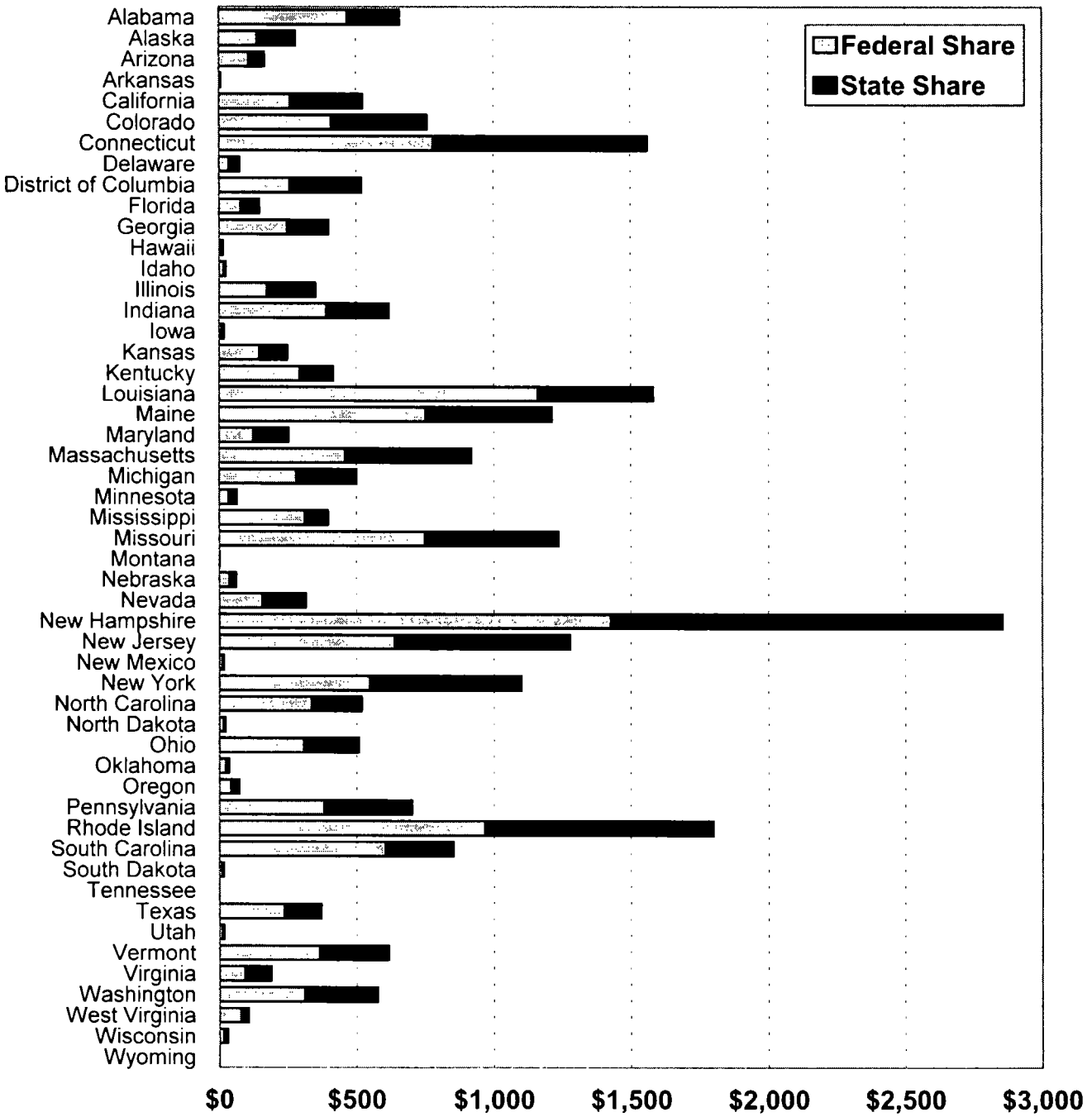
Federal and State Shares of Medicaid Disproportionate Share Hospital Payments, per Low-income Person, 1995 *



Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey
Does not include administrative costs, accounting adjustments, or the U.S. Territories.
*Low-income defined as under 150% of the federal poverty guideline; the poverty guideline was $12,590 for a family of three in 1995.

Figure 16

Federal and State Shares of Medicaid Disproportionate Share Hospital Payments, per Uninsured Person, 1995



Source: Urban Institute calculations based on data from HCFA-64 reports and the March 1996 Current Population Survey. Does not include administrative costs, accounting adjustments, or the U S Territories.

National Trends, 1990-1995

NATIONAL TRENDS, 1990-1995

Medicaid has changed considerably since 1990, as reflected in the differential growth in Medicaid expenditure and beneficiary levels. Federal and state expansions of coverage broadened eligibility to millions of low-income children and pregnant women who might have otherwise been uninsured. In addition, numerous state health reform efforts stimulated Medicaid's enrollment. Economic conditions, particularly the recession of the early 1990s, also helped increase Medicaid rolls. In 1995, however, these very same forces are now acting to slow enrollment growth to the lowest level in a decade.

This growth in enrollment over the entire 1990-1995 period, however, was outpaced by Medicaid spending growth on a per person basis. Subject to some of the same pressures found in the private sector, rising health care costs were a significant factor explaining overall spending growth. Furthermore, States' use of alternative financing mechanisms—provider taxes, donations, and intergovernmental transfers—combined with stepped-up use of DSH payments also contributed to overall spending growth. After this rapid expansion, however, spending growth has stabilized and returned to more historical levels. This section provides an overview of national beneficiary and expenditure trends from 1990 to 1995.

Beneficiaries

The number of Medicaid beneficiaries rose by 11.1 million people between 1990 and 1995, or 7.9 percent annually. The most rapid growth was in the early years, where the number of beneficiaries grew by an average of 11.3 percent. This increase was largely the result of the combination of expansions in federal and state eligibility for pregnant women and children and the economic recession of the same period. Beneficiary growth slowed considerably between 1992 and 1994—falling to 7.1 percent per year—due to fewer expansions and a healthier national economy. In fact, the number of beneficiaries increased by only 1 million people in 1995, a growth rate of only 3% (Table 47, Figure 17).

The overall growth rate in beneficiaries, however, masks important differences between the different beneficiary groups covered by Medicaid. Reflecting the improved economy, the growth rate for beneficiaries receiving cash assistance was only 4.1 percent between 1990 and 1995 and actually fell by 0.6 percent from 1994 to 1995. By contrast, the number of "other" beneficiaries—those eligible because of state and federal eligibility expansions or because they were medically needy—climbed an average 14.3 percent per year. Growth peaked between 1990 and 1992 period reaching nearly 20 percent, before slowing to 8 percent between 1994 and 1995.

It is informative to examine the rates of growth of the categorically eligible groups as well. Between 1990 and 1995, growth was slowest among the elderly, rising on average by 4.2 percent per year. The growth rate was highest for the blind and disabled category, which increased an average of 9.5 percent per year. This trend was partly due to eligibility changes for SSI and for children, in addition to court decisions that led to an easing of SSI eligibility criteria for children. It is also notable that the number of non-disabled adults and children who received Medicaid because of their cash assistance status (AFDC) fell by 4.0 percent and 3.1 percent, respectively, reflecting the national trend in declining AFDC rolls.

Expenditures

Between 1990 and 1995, state and federal Medicaid expenditures increased from $70.5 billion to $152.4 billion—an average annual increase of 16.7 percent nationwide and more than twice the growth rate of the beneficiary population (Table 48, Figure 18). Mirroring the trend for beneficiaries, expenditure growth was greatest between 1990 and 1992, when it skyrocketed, on average, by 27.8 percent per year. Also reflecting higher enrollment, spending on children rose by more than 24.7 percent per year during this period, and by 16.5 percent and 17.6 percent, respectively, for elderly and blind and disabled beneficiaries. After 1992, growth rates began to fall for all groups; total spending increased on average by 9.1 percent annually from 1992 to 1994. Between 1994 and 1995, expenditures rose 11.2 percent, from $137.1 billion to $152.4 billion—a $15.3 billion increase (Figure 19).

Expenditure for acute care increased on average by 16.7 percent, and long-term care expenditures by 10.8 percent per year (Table 49). In addition, spending for non-institutional care (primarily home health services) grew significantly faster than that for institutional care, reflecting trends in the larger health care system. The majority of acute care growth occurred in non-inpatient acute care services, which include outpatient, clinic, physician, lab, and X-ray services, as well as EPSDT, prescription drugs, and

other unspecified acute care services.[1] Home health expenditures were the fastest-growing portion of long-term care expenditures (Figure 20 and 21).

Acute care spending rose consistently for all eligibility groups ranging between 13.5 percent annually for adults to 18.3 percent for the blind and disabled (Table 50). Growth rates were lowest for inpatient care, marking a shift to outpatient procedures, and highest for payments to MCOs as a result of the rapid spread in capitated managed care enrollment among the Medicaid population (Figure 22).

Long-term care expenditures rose from $32.4 billion in 1990 to nearly $54.0 billion in 1995, an average annual growth rate of 10.8 percent (Table 51, Figure 23). Spending growth was slowest for intermediate care facilities for the mentally retarded (ICF/MR), rising on average by 5.4 percent annually. Home health spending increased the fastest, at an average rate of 20.4 percent. Elderly, blind, and disabled beneficiaries accounted for the vast majority of long-term care expenditures: more than $52 billion in 1995 alone, or 96 percent of total long-term care expenditures that year (Table 51).

DSH payments are perhaps the most obvious contributor to growth in Medicaid spending since 1990. Between 1990 and 1995, these payments increased at an average annual rate of 69 percent, although the almost all of the growth was in 1991 and 1992. In 1990, DSH payments were only 1.9 percent of total Medicaid expenditures (Table 48); spending accelerated between 1990 and 1992, at an average annual rate of 256.6 percent (Table 49).[2] By 1992, DSH payments accounted for nearly 15 percent of Medicaid expenditures. Alarmed by the rising share of Medicaid spending devoted to DSH payments, the federal government passed legislation in 1991 aimed at limiting states' use of these payments. As a result, DSH payments fell, on average, by 1.8 percent per year between 1992 and 1994. The growth rate rebounded to 12.4 percent between 1994 and 1995, however, indicating that these payments were still important aspects of Medicaid spending.

Medicaid spending per beneficiary—excluding DSH payments—grew at an average annual rate of 5.7 percent over the five-year period (Table 52). The growth rate was highest between 1990 to 1992, followed by slightly lower increases. Per beneficiary expenditures for children receiving cash assistance went up more rapidly than for other groups, by 11.0 percent annually. This trend was partially attributable to the fact that AFDC eligibility thresholds were not indexed to inflation. For other children, costs per beneficiary increased by 2.7 percent annually. Although the rate of growth is highest for children, spending per child beneficiary remained relatively low at $1,451 in 1995. By contrast, per beneficiary expenditures for the elderly, blind, and disabled were, respectively, $10,308 and $8,784.

Many factors influenced the rate of growth in Medicaid spending per beneficiary during the past five years. Not unlike the private sector, Medicaid experienced the pressures of general medical price inflation. Further, federal legislation mandates that Medicaid reimbursement for particular services, such as hospital and nursing home care must be "reasonable" relative to the institution's costs.[3] Concern over quality of care also has led to enactment of quality assurance standards, leading many states to raise reimbursement levels to hospitals, nursing homes, and other providers. Finally, the demographics of the Medicaid population have also influenced total expenditures per beneficiary, since different groups use different types of services.

Factors Contributing to Medicaid Spending Growth

In simple terms, total Medicaid expenditure growth over a fixed period of time can be attributed to three contributing factors: increased in the caseload, higher spending per beneficiary (including inflation), and DSH payments. In order to understand the contribution made by each factor, Medicaid spending was analyzed by the different categories, holding the other two constant. This type of analysis allows one to examine, for example, the effect of beneficiary growth on total expenditures while holding constant inflation, service utilization, and DSH.

[1] Services that states may report as "other care" include transportation; physical and occupational therapy; dentures, eyeglasses, and prosthetics; services for individuals with speech, hearing, and language disorders; diagnostic, screening, rehabilitative, and preventative care; and other medical or remedial care services recognized under state law and specified by the Secretary of Health and Human Services. Examples of "other practitioners" include chiropractors, professional nurses, podiatrists, psychologists, optometrists, and Christian Science practitioners. See section 2500.2(E) of the *State Medicaid Manual* for more information.

[2] Expenditures in this context comprise benefits and DSH payments, but do not include administrative costs or accounting adjustments.

[3] This provision, known as the "Boren Amendment" was repealed by the Balanced Budget Act of 1997.

Increases in the number of Medicaid beneficiaries accounted for 45.6 percent of total program spending growth between 1990 and 1995 (Table 53, Figure 24). Higher nominal (including inflation) spending per beneficiary accounted for another 32.9 percent of growth and DSH payments, the remaining 21.5 percent.

The relative impact of each factor varied from year to year. From 1990 through 1992, DSH payments were a clear driving force behind expenditure growth. This single factor accounted for 21.2 percent of spending growth between 1990 and 1991, and 46.8 percent the following year. From 1992 to 1994, expansions in the beneficiary population—especially those in the other category—were the major spending driver. Indeed, this upswing was responsible for more than 70 percent of Medicaid's expenditure growth during these two years. Between 1994 and 1995, an increase in the nominal spending per beneficiary accounted for 50.9 percent of total spending growth—partially due to payments to MCOs, which contributed 19.1 percent of total growth. Also in 1995, rising DSH payments contributed significantly to overall expenditure growth (13.7 percent), following two years of actual declines.

Table 47

Medicaid Beneficiaries, by Group, 1990-1995

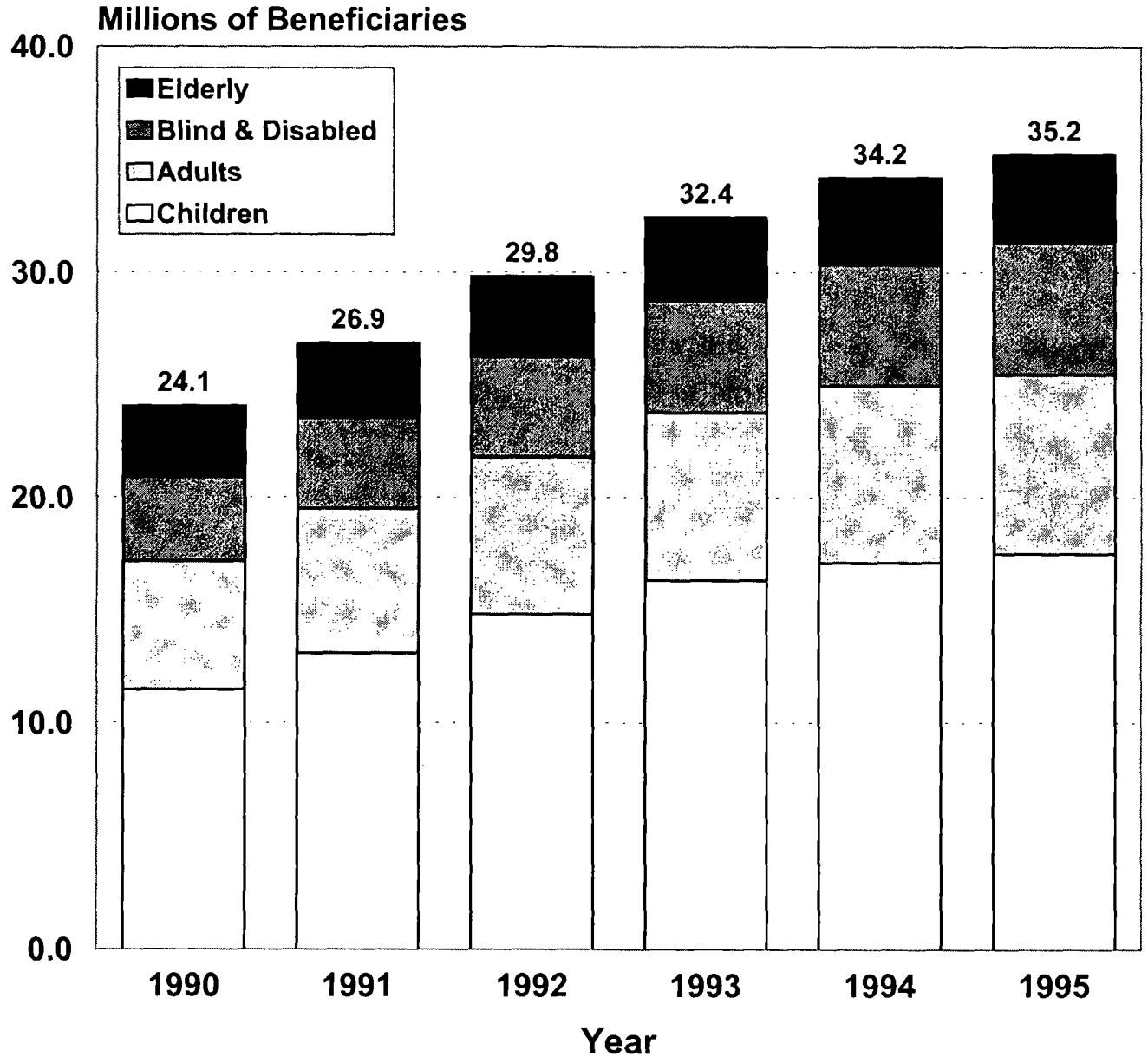
Beneficiary Group	Beneficiaries (thousands)						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
All Beneficiaries	**24,066**	**26,851**	**29,811**	**32,441**	**34,183**	**35,214**	**7.9%**	**11.3%**	**7.1%**	**3.0%**
Cash Assistance	16,144	17,287	18,460	19,475	19,847	19,737	4.1	6.9	3.7	-0.6
Other Beneficiaries	7,922	9,565	11,351	12,966	14,336	15,477	14.3	19.7	12.4	8.0
Elderly	**3,167**	**3,310**	**3,547**	**3,680**	**3,828**	**3,889**	**4.2%**	**5.8%**	**3.9%**	**1.6%**
Cash Assistance	1,532	1,530	1,573	1,564	1,574	1,640	1.4	1.3	0.0	4.2
Other Beneficiaries	1,635	1,780	1,974	2,116	2,254	2,248	6.6	9.9	6.8	-0.2
Blind and Disabled	**3,717**	**4,038**	**4,471**	**4,991**	**5,381**	**5,849**	**9.5%**	**9.7%**	**9.7%**	**8.7%**
Cash Assistance	2,966	3,187	3,517	3,906	4,223	4,518	8.8	8.9	9.6	7.0
Other Beneficiaries	750	851	954	1,085	1,159	1,331	12.1	12.8	10.2	14.9
Adults	**5,696**	**6,402**	**6,982**	**7,451**	**7,860**	**7,960**	**6.9%**	**10.7%**	**6.1%**	**1.3%**
Cash Assistance	3,865	4,163	4,379	4,568	4,571	4,389	2.6	6.4	2.2	-4.0
Other Beneficiaries	1,831	2,239	2,603	2,884	3,288	3,571	14.3	19.2	12.4	8.6
Children	**11,486**	**13,101**	**14,811**	**16,319**	**17,115**	**17,516**	**8.8%**	**13.6%**	**7.5%**	**2.3%**
Cash Assistance	7,781	8,407	8,992	9,437	9,479	9,189	3.4	7.5	2.7	-3.1
Other Beneficiaries	3,706	4,695	5,820	6,882	7,635	8,327	17.6	25.3	14.5	9.1

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

Figure 17

Medicaid Beneficiaries, by Group, 1990-1995



Source: Urban Institute calculations based on data from HCFA-2082 reports.
Does not include the U.S. Territories Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

Table 48

Medicaid Expenditures, by Group, 1990-1995

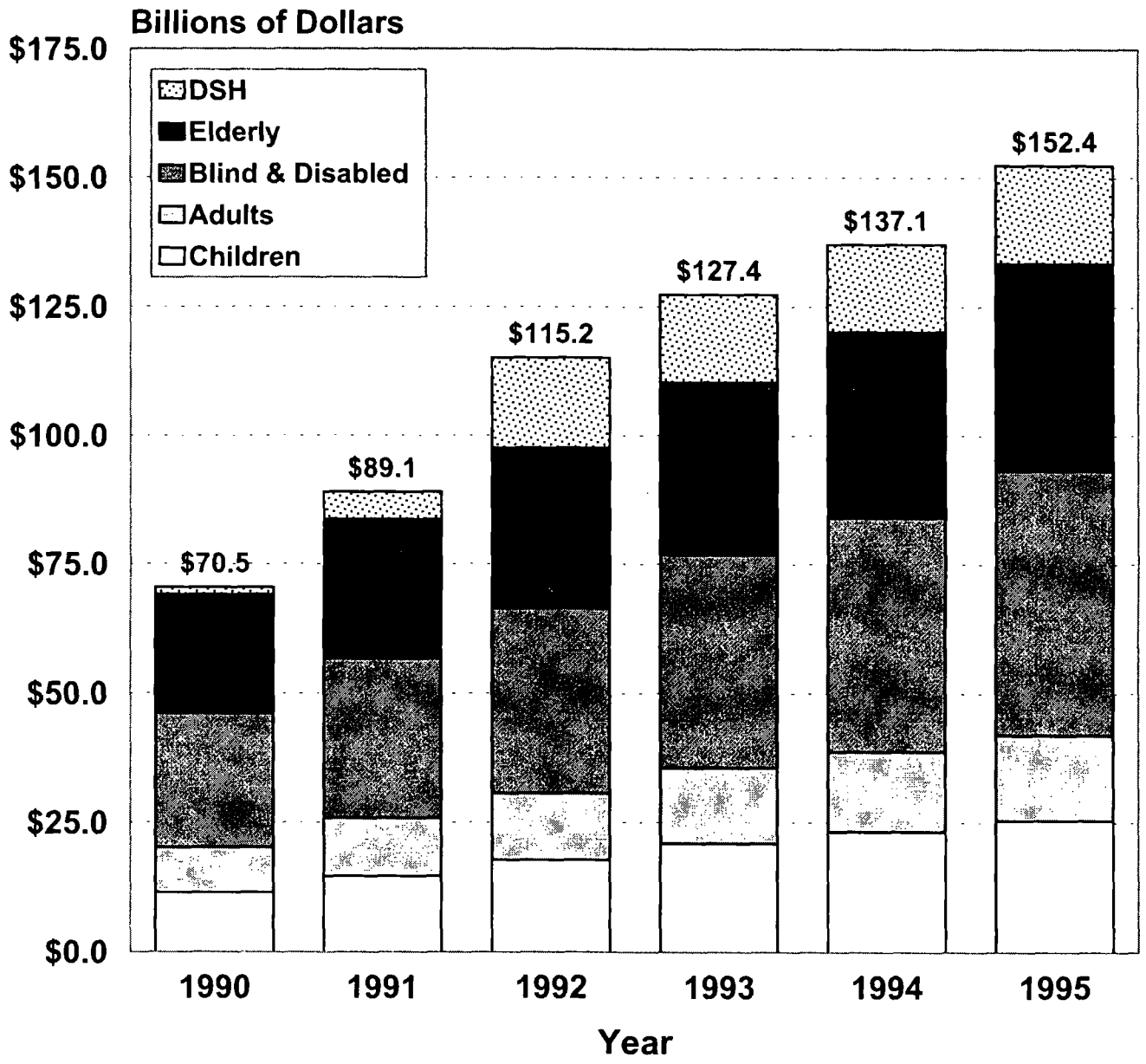
Beneficiary Group	Expenditures (millions)						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
All Beneficiaries	**$70,510**	**$89,074**	**$115,164**	**$127,394**	**$137,112**	**$152,423**	**16.7%**	**27.8%**	**9.1%**	**11.2%**
Cash Assistance	34,623	41,494	48,151	55,074	59,936	64,461	13.2	17.9	11.6	7.5
Other Beneficiaries	34,508	42,264	49,487	55,305	60,286	68,974	14.9	19.8	10.4	14.4
Elderly	**$22,924**	**$27,064**	**$31,122**	**$33,491**	**$36,121**	**$40,087**	**11.8%**	**16.5%**	**7.7%**	**11.0%**
Cash Assistance	5,547	6,317	6,950	7,498	7,873	8,620	9.2	11.9	6.4	9.5
Other Beneficiaries	17,377	20,747	24,172	25,993	28,249	31,468	12.6	17.9	8.1	11.4
Blind and Disabled	**$25,984**	**$30,864**	**$35,907**	**$41,275**	**$45,318**	**$51,379**	**14.6%**	**17.6%**	**12.3%**	**13.4%**
Cash Assistance	16,452	19,656	23,194	27,041	30,311	33,254	15.1	18.7	14.3	9.7
Other Beneficiaries	9,532	11,208	12,713	14,234	15,007	18,125	13.7	15.5	8.6	20.8
Adults	**$8,786**	**$11,155**	**$12,816**	**$14,574**	**$15,513**	**$16,557**	**13.5%**	**20.8%**	**10.0%**	**6.7%**
Cash Assistance	5,776	7,043	7,889	8,738	8,914	8,977	9.2	16.9	6.3	0.7
Other Beneficiaries	3,010	4,112	4,927	5,836	6,598	7,580	20.3	27.9	15.7	14.9
Children	**$11,438**	**$14,674**	**$17,794**	**$21,039**	**$23,270**	**$25,411**	**17.3%**	**24.7%**	**14.4%**	**9.2%**
Cash Assistance	6,848	8,478	10,119	11,797	12,838	13,610	14.7	21.6	12.6	6.0
Other Beneficiaries	4,589	6,196	7,676	9,241	10,431	11,800	20.8	29.3	16.6	13.1
DSH	**$1,378**	**$5,316**	**$17,526**	**$17,016**	**$16,890**	**$18,988**	**69.0%**	**256.6%**	**-1.8%**	**12.4%**

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Figure 18

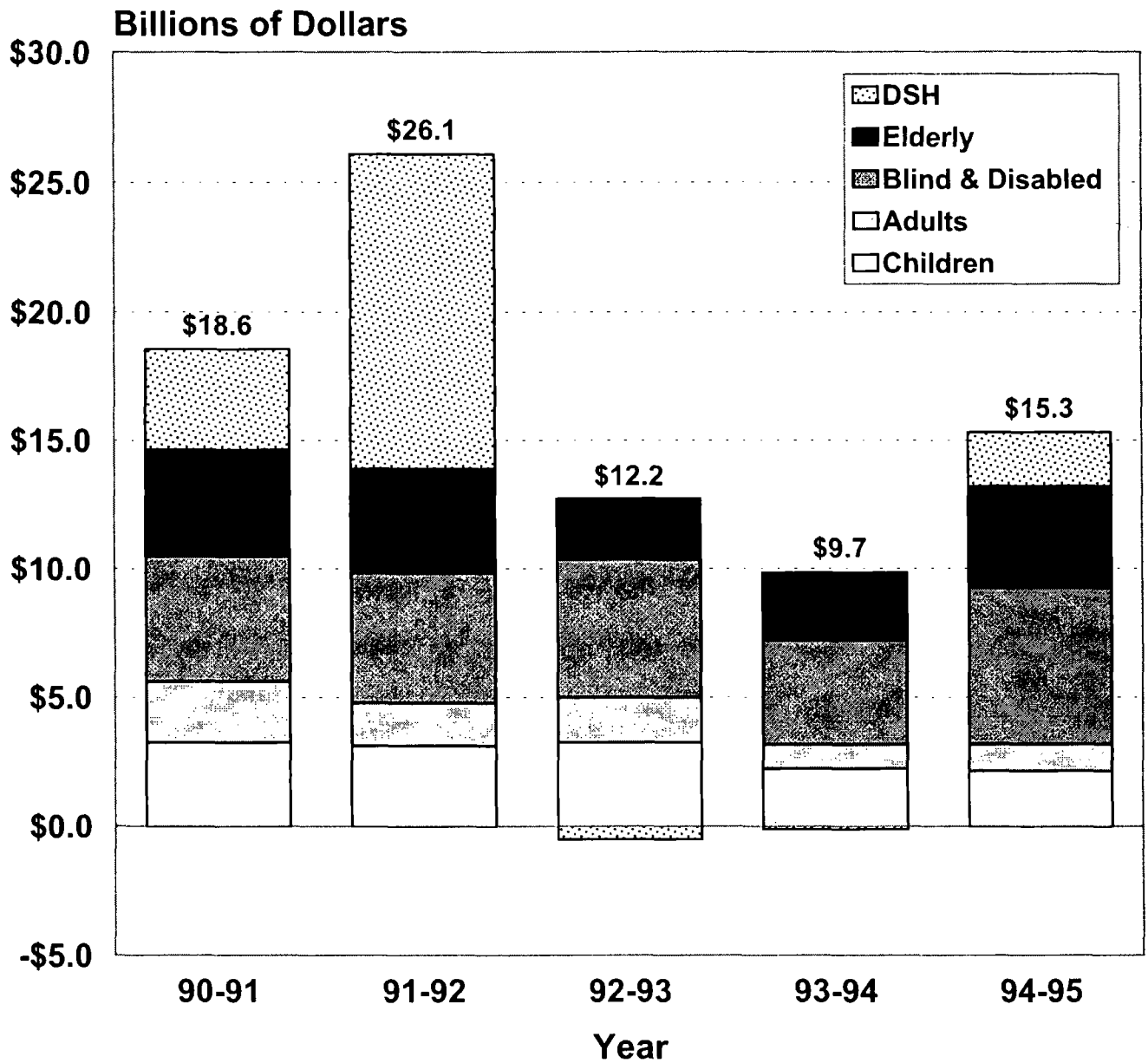
Medicaid Expenditures, by Group, 1990-1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. "DSH" refers to disproportionate share hospital payments. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Figure 19

Annual Increase in Medicaid Expenditures, by Group, 1990-1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 data.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Numbers represent net growth, reflecting a decrease in expenditures for DSH in 1993 and 1994. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 49

Medicaid Expenditures, by Type of Service, 1990-1995

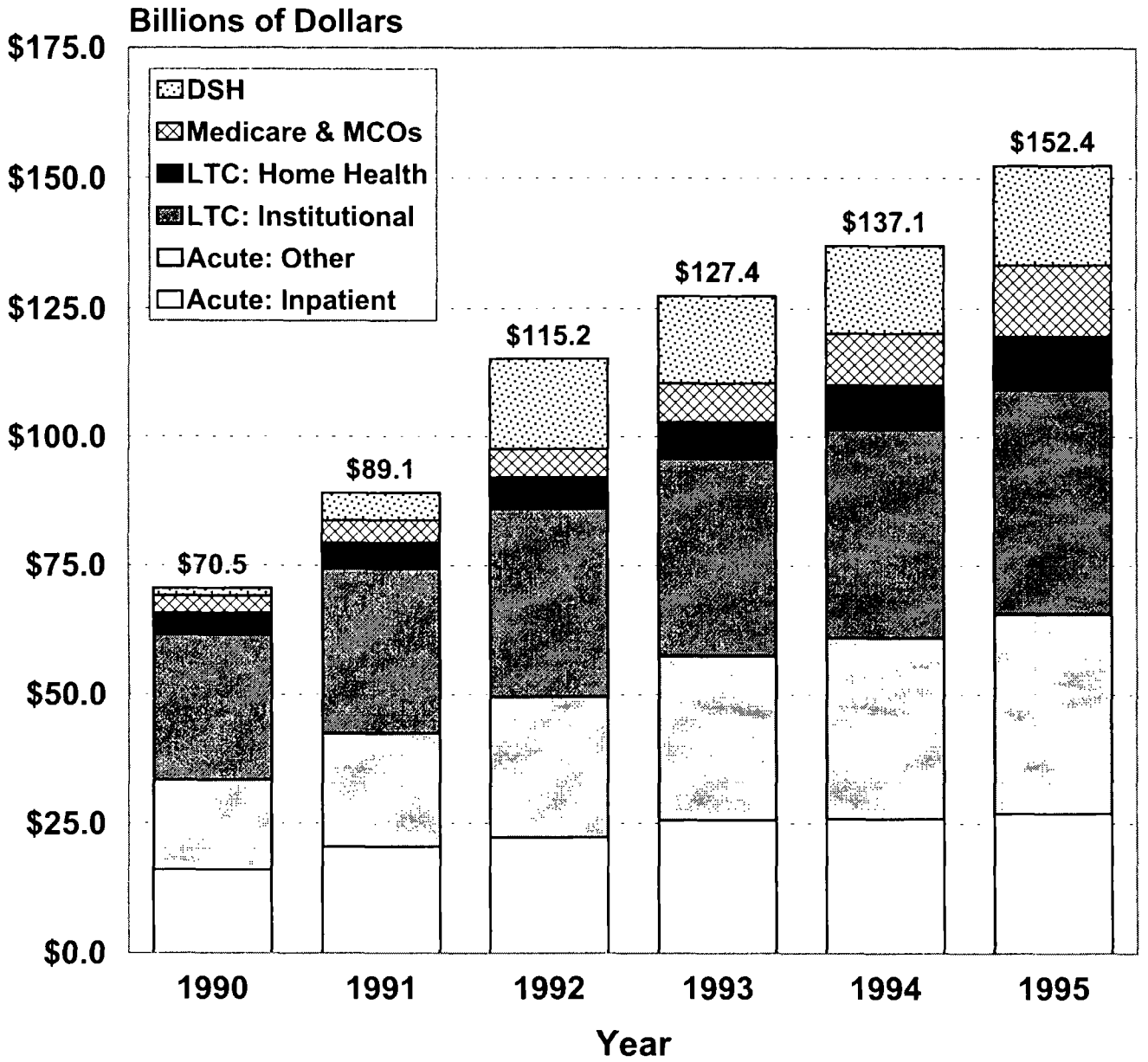
	Expenditures (millions)						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
Total	**$70,510**	**$89,074**	**$115,164**	**$127,394**	**$137,112**	**$152,423**	**16.7%**	**27.8%**	**9.1%**	**11.2%**
Acute Care	**$36,741**	**$46,809**	**$55,065**	**$65,041**	**$71,178**	**$79,439**	**16.7%**	**22.4%**	**13.7%**	**11.6%**
Inpatient Services	15,981	20,467	22,245	25,593	25,862	26,936	11.0	18.0	7.8	4.2
Other Acute Services	20,760	26,341	32,820	39,448	45,316	52,502	20.4	25.7	17.5	15.9
Long-Term Care	**$32,391**	**$36,949**	**$42,574**	**$46,337**	**$49,044**	**$53,996**	**10.8%**	**14.6%**	**7.3%**	**10.1%**
Institutional	28,267	31,984	36,561	38,354	40,539	43,565	9.0	13.7	5.3	7.5
Home Health	4,124	4,965	6,013	6,983	8,505	10,431	20.4	20.7	18.9	22.6
DSH	**$1,378**	**$5,316**	**$17,526**	**$17,016**	**$16,890**	**$18,988**	**69.0%**	**256.6%**	**-1.8%**	**12.4%**

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. Figures may not sum to totals due to rounding. Other acute services include outpatient/clinic, physician, laboratory, X-Ray, prescription drugs, case management, family planning, dental, EPSDT, vision, other practitioners' care, payments to managed care organizations, and payments to Medicare. Institutional long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, and mental health services. "DSH" refers to disproportionate share hospital payments.

Figure 20

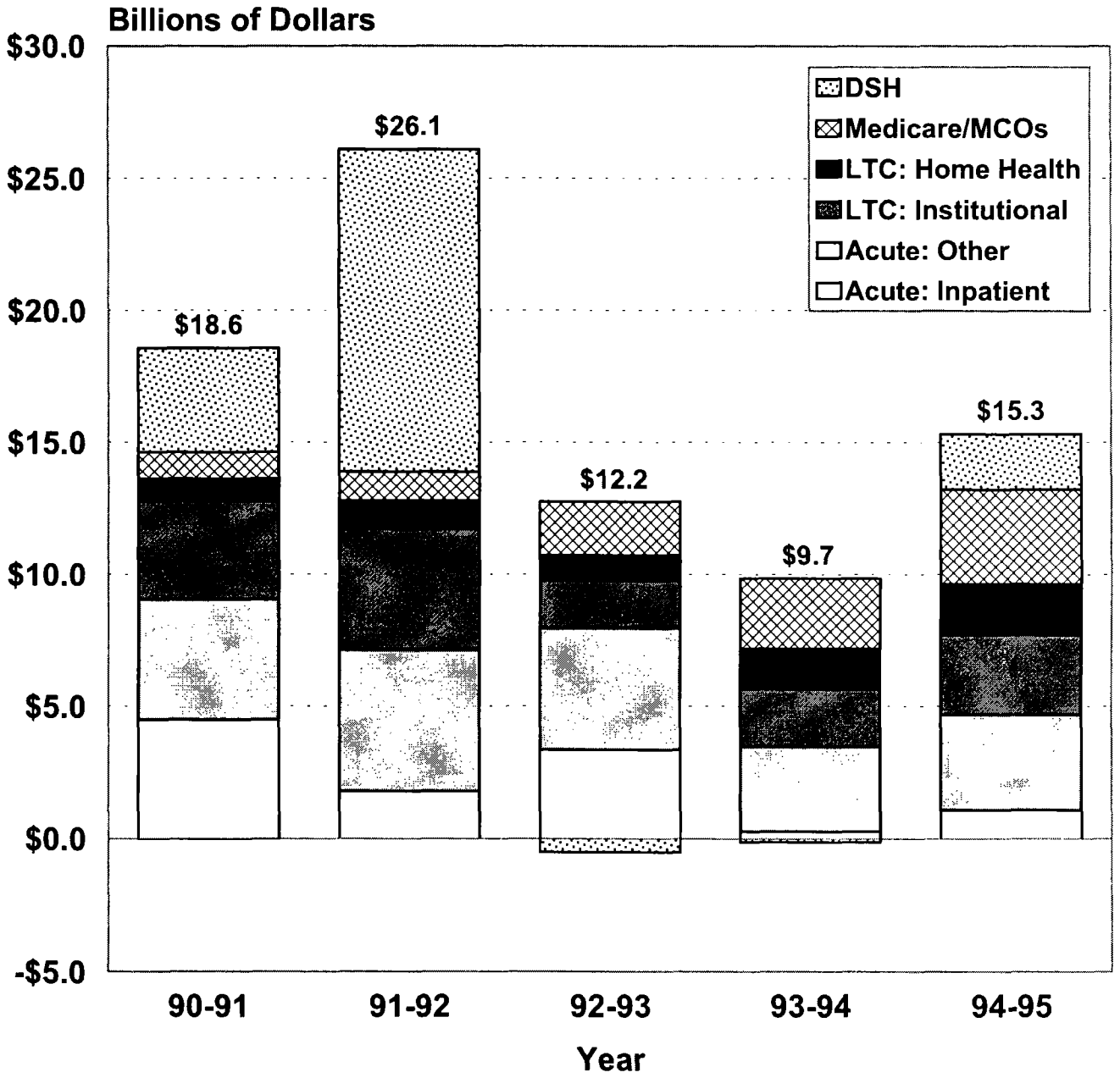
Medicaid Expenditures, by Type of Service, 1990-1995



Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Total spending including these categories was about $159.5 billion in 1995. "DSH" refers to disproportionate share hospital payments. "MCOs" refers to managed care organizations. "LTC" refers to long-term care. "Institutional" long-term care services include skilled nursing facilities, intermediate care facilities, and mental health expenditures. "Other" acute care services include outpatient, clinic, physician, laboratory, X-Ray, prescription drugs, case management, family planning, dental, EPSDT, vision, and other practitioners' care.

Figure 21

Annual Increase in Medicaid Expenditures, by Type of Service, 1990-1995



Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. "MCOs" refers to managed care organizations. "LTC" refers to long-term care. "Institutional" long-term care services include skilled nursing facilities, intermediate care facilities, and mental health expenditures. "Other" acute care services include: outpatient, clinic, physician, laboratory, X-Ray, prescription drugs, case management, family planning, dental, EPSDT, vision, and other practitioners' care. Numbers represent net growth, reflecting a decrease in expenditures for DSH in 1993 and 1994.

Table 50

Medicaid Acute Care Expenditures, by Group and Type of Service, 1990-1995

	Acute Care Expenditures (millions)						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
Total	**$36,741**	**$46,809**	**$55,065**	**$65,041**	**$71,178**	**$79,439**	**16.7%**	**22.4%**	**13.7%**	**11.6%**
Beneficiary Group										
Elderly	4,806	6,066	6,769	7,787	8,447	9,674	15.0	18.7	11.7	14.5
Blind and Disabled	12,870	16,304	19,394	23,272	25,703	29,761	18.3	22.8	15.1	15.8
Adults	8,664	11,013	12,629	14,358	15,309	16,301	13.5	20.7	10.1	6.5
Children	10,401	13,426	16,273	19,624	21,719	23,703	17.9	25.1	15.5	9.1
Service										
Inpatient Services	15,981	20,467	22,245	25,593	25,862	26,936	11.0	18.0	7.8	4.2
Physician, Laboratory, and X-Ray	4,720	5,945	7,373	8,110	8,297	8,460	12.4	25.0	6.1	2.0
Outpatient and Clinic Services	4,731	6,061	7,969	9,333	9,910	10,723	17.8	29.8	11.5	8.2
Prescription Drugs	4,587	5,512	6,217	6,910	7,514	8,445	13.0	16.4	9.9	12.4
Payments to Medicare	1,432	2,005	2,337	2,808	3,376	3,855	21.9	27.7	20.2	14.2
Payments to MCOs	1,937	2,382	3,164	4,710	6,804	9,903	38.6	27.8	46.6	45.6
Other Acute Care (1)	3,352	4,437	5,758	7,576	9,416	11,116	27.1	31.1	27.9	18.1

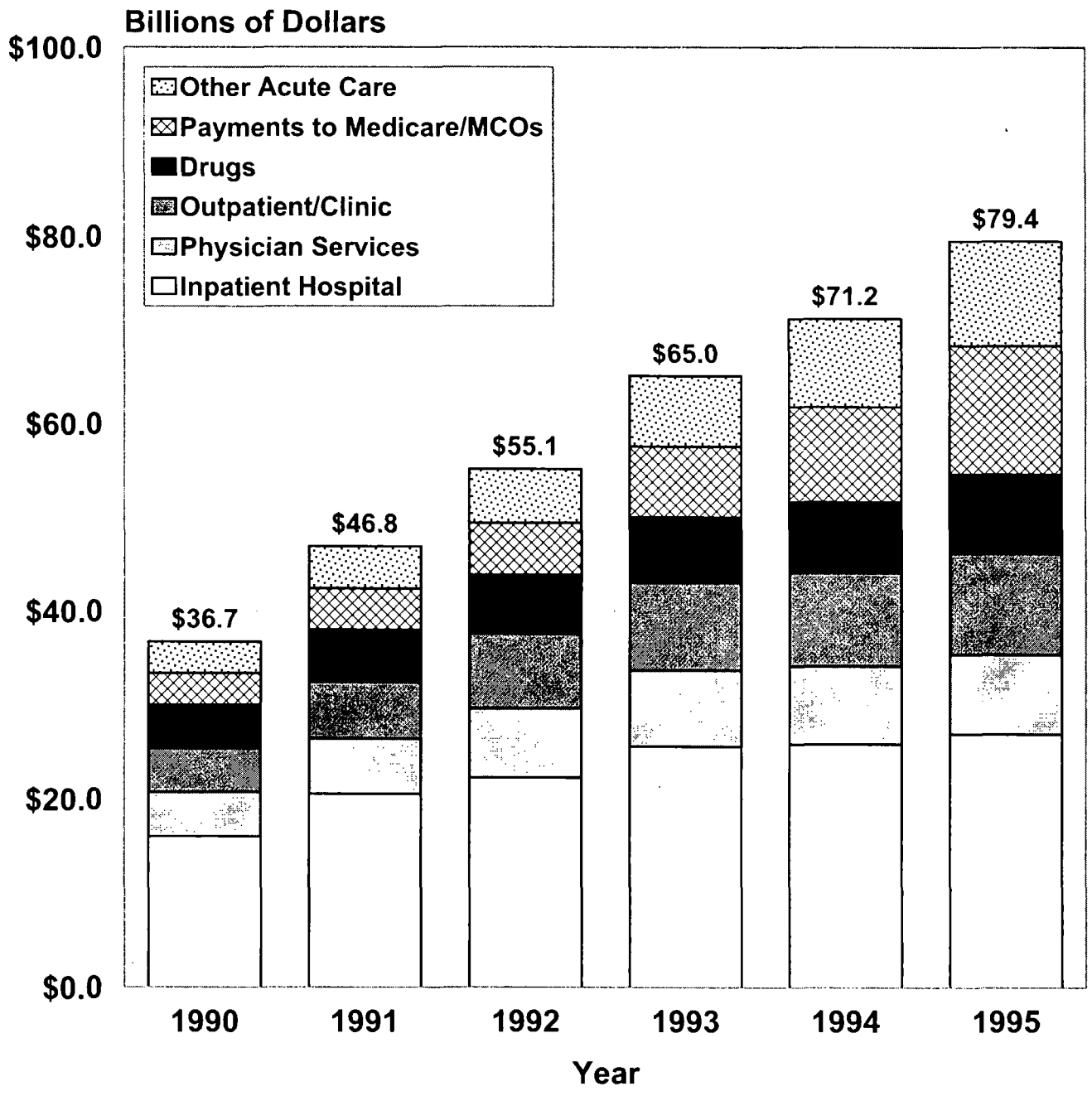
Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.

Figure 22

Medicaid Acute Care Expenditures, by Type of Service, 1990-1995



Source: Urban Institute calculations based on data from HCFA-64 reports
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. "MCOs" refers to managed care organizations. "Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.

Table 51

Medicaid Long-Term Care Expenditures, by Group and Type of Service, 1990-1995

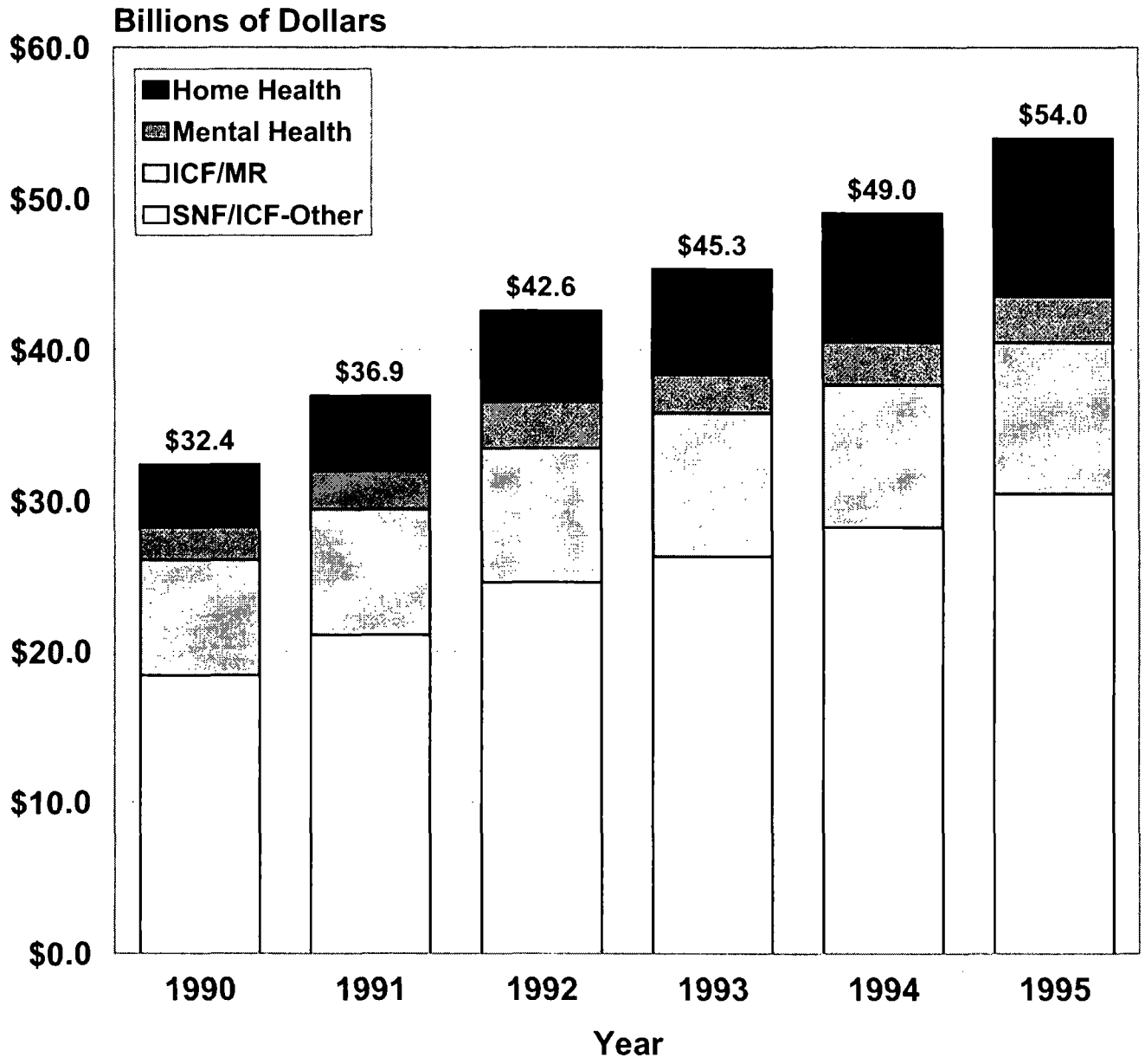
	Long-Term Care Expenditures (millions)						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
Total	**$32,391**	**$36,949**	**$42,574**	**$45,337**	**$49,044**	**$53,996**	**10.8%**	**14.6%**	**7.3%**	**10.1%**
Beneficiary Group										
Elderly	18,118	20,999	24,353	25,703	27,674	30,414	10.9	15.9	6.6	9.9
Blind and Disabled	13,115	14,561	16,513	18,003	19,615	21,619	10.5	12.2	9.0	10.2
Adults	122	142	187	217	203	256	16.0	24.1	4.2	25.9
Children	1,037	1,248	1,521	1,414	1,551	1,708	10.5	21.1	1.0	10.1
Service										
SNF/ICF-Other	18,396	21,102	24,577	26,297	28,253	30,486	10.6	15.6	7.2	7.9
ICF/MR	7,679	8,357	8,907	9,502	9,417	10,003	5.4	7.7	2.8	6.2
Mental Health	2,192	2,525	3,078	2,556	2,869	3,076	7.0	18.5	-3.4	7.2
Home Health	4,124	4,965	6,013	6,983	8,505	10,431	20.4	20.7	18.9	22.6

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

Figure 23

Medicaid Long-Term Care Expenditures, by Type of Service, 1990-1995



Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

Table 52

Medicaid Expenditures per Beneficiary, by Group, 1990-1995

Beneficiary Group	Expenditures per Beneficiary						Average Annual Growth			
	1990	1991	1992	1993	1994	1995	1990-95	1990-92	1992-94	1994-95
All Beneficiaries	**$2,873**	**$3,119**	**$3,275**	**$3,402**	**$3,517**	**$3,789**	**5.7%**	**6.8%**	**3.6%**	**7.7%**
Cash Assistance	2,145	2,400	2,608	2,828	3,020	3,266	8.8	10.3	7.6	8.2
Other Beneficiaries	4,356	4,419	4,360	4,266	4,205	4,456	0.5	0.0	-1.8	6.0
Elderly	**$7,239**	**$8,176**	**$8,774**	**$9,101**	**$9,437**	**$10,308**	**7.3%**	**10.1%**	**3.7%**	**9.2%**
Cash Assistance	3,621	4,129	4,419	4,793	5,002	5,255	7.7	10.5	6.4	5.0
Other Beneficiaries	10,629	11,654	12,242	12,287	12,534	13,996	5.7	7.3	1.2	11.7
Blind and Disabled	**$6,991**	**$7,644**	**$8,031**	**$8,270**	**$8,421**	**$8,784**	**4.7%**	**7.2%**	**2.4%**	**4.3%**
Cash Assistance	5,547	6,168	6,595	6,923	7,178	7,361	5.8	9.0	4.3	2.5
Other Beneficiaries	12,702	13,174	13,321	13,125	12,953	13,615	1.4	2.4	-1.4	5.1
Adults	**$1,542**	**$1,742**	**$1,836**	**$1,956**	**$1,974**	**$2,080**	**6.2%**	**9.1%**	**3.7%**	**5.4%**
Cash Assistance	1,494	1,692	1,802	1,913	1,950	2,045	6.5	9.8	4.0	4.9
Other Beneficiaries	1,644	1,837	1,893	2,024	2,007	2,123	5.2	7.3	3.0	5.8
Children	**$996**	**$1,120**	**$1,201**	**$1,289**	**$1,360**	**$1,451**	**7.8%**	**9.8%**	**6.4%**	**6.7%**
Cash Assistance	880	1,008	1,125	1,250	1,354	1,481	11.0	13.1	9.7	9.4
Other Beneficiaries	1,239	1,320	1,319	1,343	1,366	1,417	2.7	3.2	1.8	3.7

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

Table 53

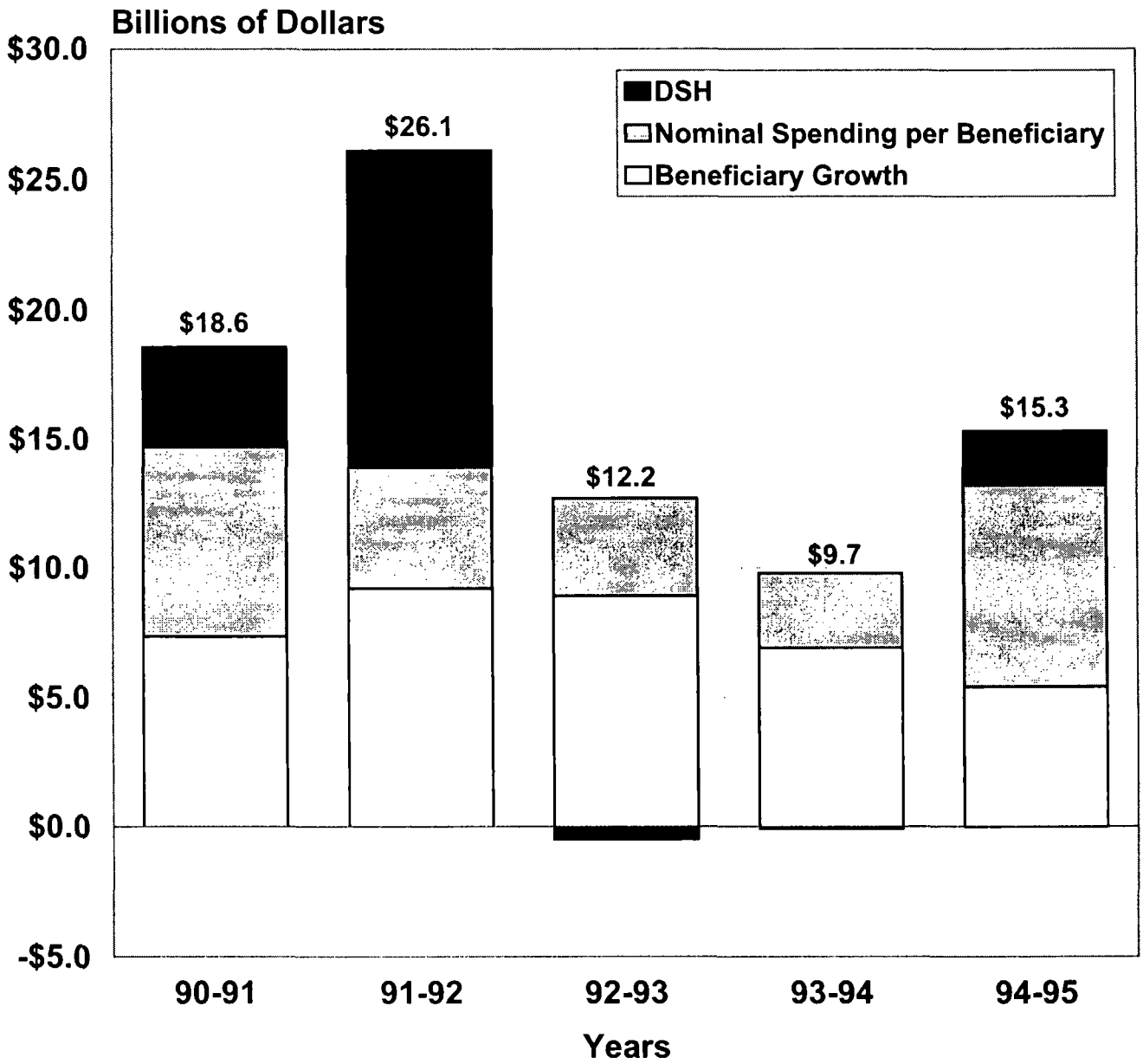
Factors Influencing Medicaid Expenditure Growth, 1990-1995

	Share of Growth Attributable to Each Factor (1)					
Factors	Average 1990-95	1990-91	1991-92	1992-93	1993-94	1994-95
Beneficiary Growth	**45.6%**	**39.4%**	**35.1%**	**72.6%**	**71.1%**	**35.6%**
Cash Assistance	**15.7%**	**12.7%**	**12.6%**	**28.4%**	**24.1%**	**11.0%**
Elderly	0.6	0.0	0.7	-0.3	0.5	2.2
Blind and Disabled	12.0	7.0	8.1	21.5	23.0	13.8
Adults	1.1	2.6	1.4	2.9	0.1	-2.4
Children	2.0	3.2	2.4	4.3	0.6	-2.7
Other Beneficiaries	**29.9%**	**26.7%**	**22.5%**	**44.3%**	**47.1%**	**24.6%**
Elderly	9.2	8.7	8.9	14.1	17.7	-0.5
Blind and Disabled	9.2	7.0	5.3	14.1	9.9	14.9
Adults	4.1	4.0	2.6	4.6	9.1	4.0
Children	7.4	7.0	5.7	11.5	10.4	6.1
Nominal Spending per Beneficiary	**32.9%**	**39.4%**	**18.1%**	**31.5%**	**30.2%**	**50.7%**
Hospital Inpatient	2.3	12.9	-2.2	8.9	-13.7	-1.5
Physician, Lab, and X-ray	1.3	3.3	2.8	0.4	-3.5	-1.2
Outpatient and Clinic	3.8	4.3	4.7	4.9	0.2	2.4
Prescription Drugs	2.0	2.9	0.7	1.4	2.1	3.6
Payments to Medicare	2.1	2.6	0.6	2.5	4.2	2.2
Payments to MCOs	7.7	1.0	1.9	10.2	18.5	19.1
SNF/ICF-other	5.1	5.9	4.7	-0.9	3.3	10.9
ICF/MR	-2.5	-0.7	-1.4	-3.7	-7.7	-2.7
Home Health	4.8	2.9	2.2	3.8	11.0	8.8
Other Services	6.3	4.4	4.2	4.0	15.7	9.1
DSH	**21.5%**	**21.2%**	**46.8%**	**-4.2%**	**-1.3%**	**13.7%**
Total Expenditure Growth	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**	**100.0%**
Billions of Dollars	$80.8	$18.6	$26.1	$12.2	$9.7	$15.3

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "Cash assistance" refers to beneficiaries who receive AFDC or SSI. "Other beneficiaries" include the medically needy, poverty-related expansion groups, and people eligible under Medicaid 1115 waivers. "SNF/ICF-Other" refers to skilled nursing facilities/other intermediate care facilities. "ICF/MR" refers to intermediate care facilities for the mentally retarded. "Other Services" includes other acute care, EPSDT, and mental health. "DSH" refers to disproportionate share hospital payments. "MCOs" refers to managed care organizations.
(1) The figures in this table represent the share of growth attributable to each factor (beneficiary growth, nominal spending per beneficiary, and DSH), holding the other two constant.

Figure 24

Factors Influencing Medicaid Expenditure Growth, 1990-1995 *



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Beneficiaries are people enrolled in the Medicaid program who actually receive services. Numbers represent net growth, reflecting a decrease in expenditures for DSH in 1993 and 1994.
**The bars in this graphic represent the share of growth attributable to each factor (beneficiary growth, nominal spending per beneficiary, and DSH), holding the other two constant. Total expenditure growth during each period appears at the top of each bar.*

State Trends, 1990-1995

STATE TRENDS, 1990-1995

Medicaid is, at its core, a state-administered program. Though the federal government sets minimum standards that states must meet to receive federal matching funds, states retain considerable control over the design of their individual programs. The diversity seen among these programs is the result of numerous complex and interrelated factors that influence the design of Medicaid at the state level, among them program decisions about eligibility and provider payments levels, benefits, per capita income, demographics, and fluctuations in economic conditions.

Because of the wide variation in states' Medicaid programs, it is difficult to describe recent trends in general terms. Differences in populations served, shared funding responsibilities, and program administration make it hard to compare Medicaid experiences across states. Increased use of federal waivers—those for home- and community-based care, freedom of choice of providers (1915b), and research and demonstrations (1115)—compounds the problem by allowing even greater diversity among programs. Data on state trends reflect the various choices that states have made for their Medicaid programs.

Beneficiaries

The number of Medicaid beneficiaries increased in every state between 1990 and 1995. Forces behind these increases included federally mandated eligibility expansions, court-related expansions of coverage, and individual state initiatives. Demographics, economic fluctuations (which affect the number of people living in poverty), program outreach efforts, and so-called "Medicaid maximization"[1] efforts also affected enrollment and usage during this period. Total beneficiary growth averaged 7.9 percent annually and was highest in Idaho, Hawaii, Nevada, New Hampshire, New Mexico, and Tennessee (Table 54, Figure 25); growth in these states exceeded 16 percent per year. By contrast, Michigan and Pennsylvania averaged less than 3 percent annual growth.

Differential growth between the enrollment groups across states (Tables 55-59) can be attributed to variation in states' eligibility expansions (and 1115 waivers), state demographics, cash assistance thresholds, and regional economies. The greatest differences in enrollment growth can be found for adults as a result of selected state expansions of eligibility beyond traditional groups.

Expenditures

The average annual growth rate of total Medicaid expenditures (benefits and DSH payments) average 16.7 percent per year from 1990 to 1995. Average growth ranged from less than 10 percent in North Dakota and Oklahoma to more than 25 percent in Hawaii, Nevada, and New Hampshire (Table 59, Figure 26). The high growth rates in several states (Colorado, Louisiana, New Hampshire, Missouri and Texas) were heavily affected by large DSH payments. High growth rates in Hawaii, Oregon, and Tennessee resulted from the implementation of comprehensive waivers in these states, which expanded coverage to other low-income individuals who did not meet Medicaid's traditional categorical requirements (Table 60).

Growth in spending per beneficiary also varied considerably across the states. Average annual growth was 5.7 percent nationally, excluding DSH payments (Table 62, Figure 27). Seven states saw growth in per beneficiary spending in excess of 10 percent per year (Alabama, Delaware, Louisiana, Mississippi, Pennsylvania, and West Virginia). By contrast, seven states averaged less than 2 percent annual growth (Alaska, Idaho, Indiana, New Hampshire, Oklahoma, Tennessee, and Virginia.).

Total acute care spending grew rapidly during this period (Tables 67 through 70). Growth averaged 16.7 percent per year nationwide, ranging from a low of 5.6 percent in Indiana to more than 36.1 percent in Hawaii. Most notable was the growth in payments to MCOs, which increased at an average rate of 38.4 percent per year—from $1.9 billion to $9.8 billion. This growth was extremely uneven across states in as much as managed care has developed and expanded differently in each state.

For long-term care spending, annual growth averaged 10.8 percent (Tables 75 through 79). Massachusetts had the lowest rate (7.2 percent), while Wyoming's was highest (29.7 percent). Reflecting a general trend in health care, home health spending

[1] Describes states' efforts to shift programs or services previously funded with state-only dollars to Medicaid where the federal government shares in the costs. While this does not necessarily provide "new" services to low-income populations, it does reduce the state's cost for providing them.

averaged more than 10 percent growth per year in almost every state.[2]

From 1990 to 1995, spending on DSH grew at an average annual rate of 69.0 percent. At one end, seven states (California, Connecticut, Georgia, Kentucky, Massachusetts, Nevada, and Texas) experienced annual DSH growth rates of greater than 200 percent. By contrast, several states (Montana, North Dakota, South Dakota, and Wyoming) experienced almost no growth in the past five years and spent less than $1 million on DSH payments in 1995.

Most of the DSH spending growth occurred between 1990 and 1993, when overall payments rose more than 130 percent per year (Table 80). Overall growth in DSH spending slowed dramatically in 1992, due to federal legislation designed to limit the use of these payments as a Medicaid financing mechanism. Total DSH spending actually fell in 1993 and 1994. Overall DSH expenditures rose again in 1995, but growth varied dramatically by state due to caps instituted under legislation.

[2] Tennessee now provides home health care through capitated payments, so the large increase in payments to HMOs from 1994 and 1995 likely contains some home health care spending.

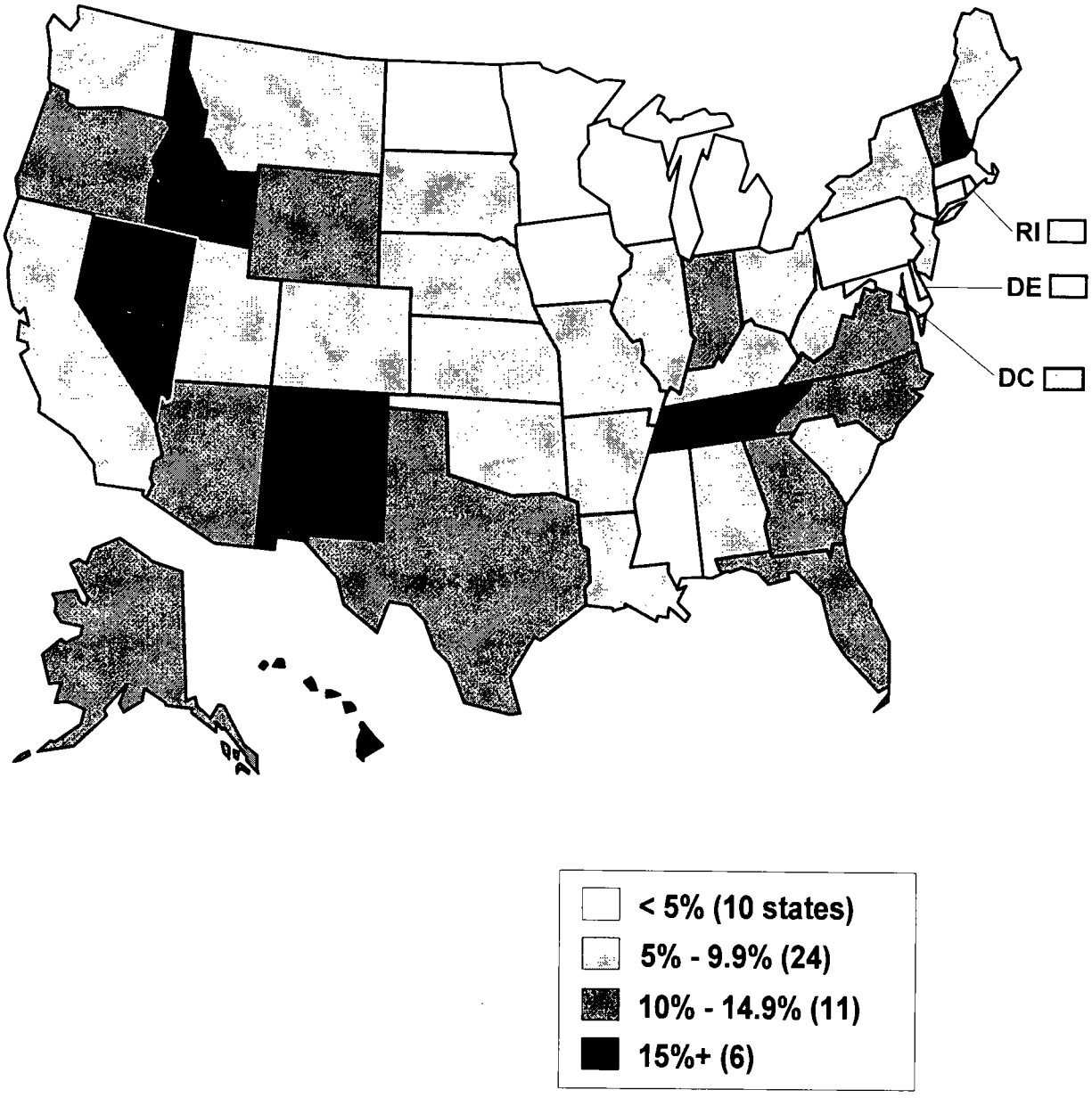
Table 54
Medicaid Beneficiaries, 1990-1995

	Beneficiaries (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**24,066**	**26,851**	**29,811**	**32,441**	**34,183**	**35,214**	**7.9%**	**10.5%**	**4.2%**
New England	**1,187**	**1,314**	**1,412**	**1,510**	**1,525**	**1,603**	**6.2%**	**8.4%**	**3.0%**
Connecticut	243	271	305	327	344	366	8.5	10.4	5.8
Maine	133	151	162	169	176	177	5.8	8.3	2.3
Massachusetts	591	646	678	734	704	725	4.2	7.5	-0.6
New Hampshire	43	58	70	78	83	102	18.9	22.1	14.3
Rhode Island	117	118	119	122	126	136	3.0	1.3	5.6
Vermont	60	71	78	81	92	97	10.0	10.1	9.9
Middle Atlantic	**4,060**	**4,341**	**4,429**	**4,745**	**4,937**	**5,032**	**4.4%**	**5.3%**	**3.0%**
New Jersey	567	614	697	782	779	777	6.5	11.3	-0.3
New York	2,326	2,461	2,557	2,740	2,903	3,024	5.4	5.6	5.0
Pennsylvania	1,167	1,266	1,175	1,223	1,255	1,230	1.1	1.6	0.3
South Atlantic	**3,617**	**4,230**	**4,969**	**5,613**	**5,888**	**6,137**	**11.2%**	**15.8%**	**4.6%**
Delaware	50	51	61	69	75	78	9.5	11.6	6.4
District of Columbia	93	100	108	120	127	137	8.0	8.7	6.9
Florida	989	1,209	1,530	1,745	1,727	1,734	11.9	20.8	-0.3
Georgia	649	745	863	953	1,070	1,138	11.9	13.7	9.3
Maryland	328	362	373	441	415	413	4.7	10.4	-3.3
North Carolina	563	667	785	898	983	1,076	13.9	16.9	9.5
South Carolina	316	371	427	464	483	494	9.4	13.7	3.2
Virginia	379	442	515	575	642	678	12.3	14.9	8.6
West Virginia	250	284	308	347	366	389	9.2	11.5	5.8
East South Central	**1,864**	**2,095**	**2,321**	**2,551**	**2,876**	**3,166**	**11.2%**	**11.0%**	**11.4%**
Alabama	352	403	467	522	538	537	8.8	14.0	1.5
Kentucky	468	525	583	617	621	622	5.9	9.7	0.4
Mississippi	433	470	487	504	526	519	3.7	5.2	1.5
Tennessee (1)	612	697	784	908	1,191	1,487	19.4	14.1	28.0
West South Central	**2,540**	**2,910**	**3,366**	**3,745**	**3,997**	**4,036**	**9.7%**	**13.8%**	**3.8%**
Arkansas	254	259	319	337	337	350	6.6	9.9	1.9
Louisiana	573	624	684	731	757	761	5.9	8.5	2.0
Oklahoma	271	300	356	368	388	393	7.7	10.7	3.4
Texas	1,442	1,727	2,007	2,308	2,514	2,531	11.9	17.0	4.7
East North Central	**4,020**	**4,347**	**4,805**	**5,069**	**5,195**	**5,235**	**5.4%**	**8.0%**	**1.6%**
Illinois	1,067	1,144	1,313	1,395	1,441	1,550	7.8	9.3	5.4
Indiana	345	413	502	560	601	557	10.1	17.5	-0.2
Michigan	1,039	1,112	1,128	1,170	1,187	1,164	2.3	4.1	-0.3
Ohio	1,178	1,263	1,424	1,474	1,496	1,505	5.0	7.8	1.0
Wisconsin	391	414	438	470	470	459	3.3	6.3	-1.2
West North Central	**1,463**	**1,630**	**1,728**	**1,852**	**1,928**	**2,009**	**6.5%**	**8.2%**	**4.1%**
Iowa	240	261	278	288	302	304	4.9	6.3	2.7
Kansas	194	209	225	243	252	252	5.3	7.7	1.9
Minnesota	364	415	401	422	413	460	4.8	5.0	4.4
Missouri	448	503	554	609	669	695	9.2	10.8	6.8
Nebraska	118	132	148	159	159	163	6.7	10.5	1.2
North Dakota	49	53	57	62	62	61	4.6	8.2	-0.6
South Dakota	49	57	64	69	72	73	8.3	12.0	3.0
Mountain	**896**	**1,057**	**1,276**	**1,388**	**1,560**	**1,598**	**12.3%**	**15.7%**	**7.3%**
Arizona (1)	276	313	402	404	509	494	12.3	13.5	10.5
Colorado	191	223	259	279	287	293	9.0	13.6	2.4
Idaho	55	70	87	100	110	115	16.1	22.2	7.5
Montana	61	63	60	89	95	98	9.9	13.4	4.9
Nevada	47	59	78	88	96	105	17.4	23.4	8.8
New Mexico	129	161	212	233	258	283	16.9	21.7	10.1
Utah	108	129	137	148	157	160	8.2	11.0	4.1
Wyoming	29	37	42	46	50	51	12.1	16.8	5.5
Pacific	**4,419**	**4,928**	**5,505**	**5,967**	**6,275**	**6,398**	**7.7%**	**10.5%**	**3.6%**
Alaska	39	51	58	65	69	68	11.8	18.6	2.3
California	3,624	4,019	4,486	4,834	5,008	4,942	6.4	10.1	1.1
Hawaii (1,2)	81	88	98	110	119	228	23.2	10.9	44.2
Oregon (1)	227	263	295	325	411	452	14.7	12.7	17.9
Washington	448	506	569	633	668	708	9.6	12.2	5.8

Source: Urban Institute calculations based on data from HCFA-2082 reports.
Does not include the U.S. Territories. Figures may not sum to totals due to rounding.
(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.
(2) Hawaii did not report any adult or child beneficiaries on its HCFA-2082 report for 1995; the 1995 figure shown here is based on information provided by the state and relative spending per beneficiary data. This method of estimation likely overestimates the actual number of beneficiaries, because Hawaii's expenditures were unusually high in 1995. See Appendix C.

Figure 25

Average Annual Growth in Medicaid Beneficiaries, 1990-1995



Source: Urban Institute calculations based on data from HCFA-2082 reports.
Does not include the U.S. Territories. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services. For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made tto categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 55
Medicaid Child Beneficiaries, 1990-1995

	Beneficiaries (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**11,486**	**13,101**	**14,811**	**16,319**	**17,115**	**17,516**	**8.8%**	**12.4%**	**3.6%**
New England	**529**	**595**	**650**	**707**	**710**	**732**	**6.7%**	**10.1%**	**1.8%**
Connecticut	118	134	156	168	179	178	8.6	12.5	3.0
Maine	58	68	75	78	82	81	7.1	10.5	2.2
Massachusetts	254	280	296	329	306	311	4.1	9.0	-2.8
New Hampshire	21	29	35	40	42	50	18.9	23.9	11.8
Rhode Island	47	48	49	50	54	61	5.3	2.4	9.7
Vermont	31	36	40	41	47	51	10.7	10.1	11.6
Middle Atlantic	**2,041**	**2,219**	**2,262**	**2,400**	**2,452**	**2,452**	**3.7%**	**5.5%**	**1.1%**
New Jersey	270	294	331	371	369	359	5.8	11.1	-1.6
New York	1,182	1,277	1,327	1,415	1,472	1,521	5.2	6.2	3.7
Pennsylvania	590	648	604	613	611	573	-0.6	1.3	-3.4
South Atlantic	**1,662**	**2,018**	**2,490**	**2,931**	**3,131**	**3,282**	**14.6%**	**20.8%**	**5.8%**
Delaware	27	26	33	38	42	44	9.8	12.1	6.5
District of Columbia	47	51	55	63	67	73	9.1	9.9	7.8
Florida	463	604	850	1,043	1,042	1,038	17.6	31.1	-0.2
Georgia	314	360	417	467	549	600	13.8	14.1	13.4
Maryland	164	185	188	227	207	207	4.8	11.4	-4.4
North Carolina	244	303	369	434	491	537	17.1	21.2	11.2
South Carolina	132	164	199	224	233	237	12.4	19.3	2.9
Virginia	164	201	244	284	334	364	17.3	20.1	13.2
West Virginia	107	124	134	152	165	183	11.4	12.4	9.8
East South Central	**826**	**966**	**1,084**	**1,199**	**1,279**	**1,361**	**10.5%**	**13.2%**	**6.6%**
Alabama	131	164	203	237	247	247	13.5	21.8	2.1
Kentucky	203	240	264	277	279	277	6.4	10.9	-0.1
Mississippi	212	230	238	247	260	250	3.4	5.2	0.6
Tennessee (1)	280	333	379	438	493	588	16.0	16.1	15.8
West South Central	**1,248**	**1,478**	**1,755**	**1,980**	**2,126**	**2,149**	**11.5%**	**16.6%**	**4.2%**
Arkansas	113	110	130	142	144	152	6.1	8.0	3.4
Louisiana	287	314	346	363	376	376	5.6	8.2	1.8
Oklahoma	126	144	180	189	198	200	9.7	14.6	2.8
Texas	722	910	1,100	1,286	1,407	1,421	14.5	21.2	5.1
East North Central	**2,001**	**2,180**	**2,432**	**2,576**	**2,635**	**2,664**	**5.9%**	**8.8%**	**1.7%**
Illinois	560	599	688	733	752	816	7.8	9.4	5.5
Indiana	157	197	254	294	322	309	14.5	23.3	2.6
Michigan	527	564	565	572	573	549	0.8	2.8	-2.0
Ohio	587	627	720	753	774	781	5.9	8.7	1.9
Wisconsin	170	193	204	224	215	208	4.1	9.6	-3.6
West North Central	**716**	**805**	**852**	**918**	**964**	**1,013**	**7.2%**	**8.6%**	**5.1%**
Iowa	112	122	131	135	142	141	4.7	6.5	2.1
Kansas	90	101	114	123	132	131	7.8	11.0	3.1
Minnesota	197	221	207	216	202	234	3.5	3.2	4.1
Missouri	213	239	263	289	329	348	10.3	10.8	9.7
Nebraska	62	71	80	89	93	92	8.4	12.9	1.8
North Dakota	21	24	27	30	31	29	6.1	12.1	-2.4
South Dakota	22	27	31	35	37	38	12.0	17.2	4.6
Mountain	**468**	**565**	**689**	**761**	**863**	**880**	**13.4%**	**17.5%**	**7.5%**
Arizona (1)	162	184	236	237	299	297	12.8	13.5	11.8
Colorado	95	111	129	141	145	130	6.5	14.3	-4.1
Idaho	25	35	45	53	60	62	20.0	28.3	8.6
Montana	29	30	27	46	50	50	11.3	15.8	4.7
Nevada	21	28	39	45	48	54	20.4	28.5	9.2
New Mexico	63	88	116	130	146	170	21.9	27.2	14.5
Utah	57	69	74	82	87	88	9.0	12.5	4.0
Wyoming	15	20	24	27	29	28	12.7	20.5	2.1
Pacific	**1,995**	**2,274**	**2,597**	**2,849**	**2,955**	**2,983**	**8.4%**	**12.6%**	**2.3%**
Alaska	22	29	32	37	39	39	12.0	18.4	3.0
California	1,606	1,823	2,084	2,272	2,346	2,322	7.6	12.2	1.1
Hawaii (1,2)	40	44	50	56	62	98	19.8	11.9	32.8
Oregon (1)	111	131	151	168	172	159	7.4	14.8	-2.8
Washington	216	247	279	317	336	366	11.2	13.7	7.5

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Child beneficiaries are non-disabled individuals under 18.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) Hawaii did not report any adult or child beneficiaries on its HCFA-2082 report for 1995; the 1995 figure shown here is based on information provided by the state and relative spending per beneficiary data. This method of estimation likely overestimates the actual number of beneficiaries, because Hawaii's expenditures were unusually high in 1995. See Appendix C.

Table 56
Medicaid Adult Beneficiaries, 1990-1995

	Beneficiaries (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**5,696**	**6,402**	**6,982**	**7,451**	**7,860**	**7,960**	**6.9%**	**9.4%**	**3.4%**
New England	**268**	**301**	**323**	**350**	**342**	**349**	**5.5%**	**9.3%**	**-0.1%**
Connecticut	57	64	73	78	79	86	8.8	11.3	5.1
Maine	31	36	38	38	38	36	3.1	7.0	-2.5
Massachusetts	132	145	153	170	158	153	3.0	9.0	-5.4
New Hampshire	10	14	17	19	18	23	17.9	22.7	11.0
Rhode Island	25	25	25	26	28	30	3.9	2.0	6.7
Vermont	14	16	18	18	21	21	9.2	10.1	8.0
Middle Atlantic	**864**	**931**	**930**	**988**	**1,017**	**1,026**	**3.5%**	**4.6%**	**1.9%**
New Jersey	131	145	177	196	186	184	7.0	14.4	-3.1
New York	465	497	515	554	593	622	6.0	6.0	5.9
Pennsylvania	267	290	238	238	238	221	-3.7	-3.8	-3.7
South Atlantic	**821**	**975**	**1,101**	**1,164**	**1,146**	**1,125**	**6.5%**	**12.3%**	**-1.7%**
Delaware	12	12	14	15	15	16	6.5	9.3	2.4
District of Columbia	21	23	25	27	29	33	9.5	8.4	11.1
Florida	197	249	286	269	229	209	1.2	10.9	-11.8
Georgia	150	173	200	220	240	244	10.2	13.6	5.3
Maryland	71	79	78	93	80	73	0.6	9.4	-11.3
North Carolina	142	173	203	228	241	243	11.3	17.0	3.3
South Carolina	64	78	88	89	86	87	6.4	11.9	-1.5
Virginia	86	101	114	122	125	123	7.4	12.2	0.6
West Virginia	78	88	93	101	100	96	4.3	9.1	-2.4
East South Central	**371**	**415**	**461**	**494**	**674**	**762**	**15.5%**	**10.0%**	**24.3%**
Alabama	69	80	91	97	94	88	5.0	12.2	-4.9
Kentucky	113	123	139	140	134	126	2.1	7.4	-5.4
Mississippi	69	75	77	80	84	77	2.4	5.2	-1.8
Tennessee (1)	120	137	153	176	363	472	31.4	13.6	63.7
West South Central	**565**	**663**	**746**	**803**	**839**	**819**	**7.7%**	**12.4%**	**1.0%**
Arkansas	43	47	69	64	58	58	5.9	13.6	-4.7
Louisiana	127	137	146	144	148	143	2.4	4.2	-0.3
Oklahoma	58	68	81	82	86	86	8.1	11.9	2.5
Texas	336	410	450	514	547	532	9.6	15.2	1.8
East North Central	**988**	**1,058**	**1,152**	**1,197**	**1,199**	**1,163**	**3.3%**	**6.6%**	**-1.4%**
Illinois	249	269	304	309	313	331	5.8	7.5	3.4
Indiana	86	105	125	136	143	115	5.9	16.6	-8.2
Michigan	293	310	308	320	317	306	0.9	3.0	-2.2
Ohio	281	300	336	351	341	330	3.2	7.7	-3.1
Wisconsin	79	75	79	81	85	82	0.7	0.6	0.8
West North Central	**365**	**400**	**415**	**442**	**435**	**441**	**3.8%**	**6.6%**	**-0.1%**
Iowa	59	65	69	72	75	75	4.7	6.5	2.2
Kansas	58	58	54	59	59	56	-0.6	0.4	-2.3
Minnesota	90	102	100	105	93	100	2.0	5.0	-2.4
Missouri	110	123	136	149	158	157	7.4	10.8	2.4
Nebraska	25	28	31	31	24	27	1.3	6.5	-6.0
North Dakota	11	12	12	13	12	13	3.0	4.8	0.5
South Dakota	11	12	13	14	13	13	4.1	8.3	-2.0
Mountain	**224**	**263**	**312**	**337**	**374**	**372**	**10.7%**	**14.7%**	**5.0%**
Arizona (1)	66	77	98	99	125	111	10.9	14.3	5.9
Colorado	48	56	65	68	67	77	9.8	12.4	6.0
Idaho	13	17	21	23	24	25	13.2	19.8	4.0
Montana	14	15	12	20	21	22	9.1	11.8	5.1
Nevada	10	14	19	21	22	23	17.8	26.6	5.7
New Mexico	31	35	45	53	60	58	13.8	20.4	4.7
Utah	33	39	40	41	44	44	6.0	8.1	3.0
Wyoming	8	10	11	11	11	11	6.8	12.1	-0.6
Pacific	**1,230**	**1,397**	**1,542**	**1,677**	**1,833**	**1,902**	**9.1%**	**10.9%**	**6.5%**
Alaska	12	15	17	19	20	18	9.5	17.9	-1.9
California	1,010	1,143	1,266	1,376	1,447	1,392	6.6	10.9	0.6
Hawaii (1,2)	19	21	23	26	27	99	39.2	11.2	95.0
Oregon (1)	63	74	79	84	161	209	27.0	9.9	57.8
Washington	126	144	157	171	178	184	7.8	10.7	3.6

Source: Urban Institute calculations based on data from HCFA-2082 reports

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Adult beneficiaries are non-disabled individuals between 19 and 64.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) Hawaii did not report any adult or child beneficiaries on its HCFA-2082 report for 1995; the 1995 figure shown here is based on information provided by the state and relative spending per beneficiary data. This method of estimation likely overestimates the actual number of beneficiaries, because Hawaii's expenditures were unusually high in 1995. See Appendix C.

Table 57

Medicaid Blind and Disabled Beneficiaries, 1990-1995

	Beneficiaries (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**3,717**	**4,038**	**4,471**	**4,991**	**5,381**	**5,849**	**9.5%**	**10.3%**	**8.3%**
New England	**212**	**233**	**246**	**257**	**272**	**298**	**7.0%**	**6.6%**	**7.6%**
Connecticut	36	39	42	46	50	49	6.2	8.1	3.5
Maine	23	25	28	30	33	37	9.6	9.4	9.8
Massachusetts	114	126	131	134	137	161	7.1	5.5	9.5
New Hampshire	6	8	10	11	13	12	14.1	20.5	5.2
Rhode Island	24	24	24	25	25	25	1.2	1.1	1.4
Vermont	9	11	12	12	14	15	10.1	10.1	10.1
Middle Atlantic	**614**	**643**	**681**	**781**	**872**	**924**	**8.5%**	**8.3%**	**8.8%**
New Jersey	93	99	110	129	137	144	9.2	11.6	5.7
New York	343	351	375	420	471	511	8.3	6.9	10.3
Pennsylvania	178	193	196	232	264	269	8.6	9.2	7.6
South Atlantic	**590**	**654**	**728**	**831**	**907**	**1,006**	**11.3%**	**12.1%**	**10.0%**
Delaware	6	7	9	10	11	13	14.6	15.3	13.5
District of Columbia	14	15	17	21	22	23	9.7	13.2	4.7
Florida	167	185	208	234	251	276	10.5	11.8	8.7
Georgia	109	125	145	162	177	190	11.7	14.1	8.2
Maryland	51	55	61	75	81	86	10.9	13.6	6.9
North Carolina	73	81	92	105	113	144	14.6	12.8	17.3
South Carolina	70	75	69	77	88	94	6.3	3.6	10.6
Virginia	62	68	78	88	97	106	11.4	12.4	9.8
West Virginia	37	42	49	60	67	75	14.8	17.4	11.1
East South Central	**403**	**437**	**488**	**558**	**590**	**727**	**12.5%**	**11.5%**	**14.1%**
Alabama	84	91	102	117	125	131	9.3	11.5	6.1
Kentucky	96	104	118	135	145	156	10.3	12.3	7.5
Mississippi	96	105	108	112	117	126	5.5	5.2	5.9
Tennessee (1)	126	138	159	194	203	313	19.9	15.4	27.1
West South Central	**315**	**346**	**405**	**482**	**523**	**559**	**12.2%**	**15.3%**	**7.7%**
Arkansas	53	59	69	78	83	87	10.7	14.3	5.5
Louisiana	77	84	100	132	136	146	13.5	19.4	5.2
Oklahoma	35	37	43	46	52	56	9.8	9.5	10.2
Texas	149	165	193	226	251	270	12.6	14.8	9.3
East North Central	**612**	**669**	**750**	**817**	**864**	**896**	**7.9%**	**10.1%**	**4.7%**
Illinois	170	185	215	241	260	277	10.3	12.4	7.1
Indiana	58	64	72	73	67	67	3.0	7.8	-3.8
Michigan	137	153	170	194	213	223	10.2	12.4	7.0
Ohio	170	183	204	209	220	224	5.7	7.2	3.5
Wisconsin	77	85	90	99	104	105	6.2	8.6	2.8
West North Central	**184**	**211**	**230**	**251**	**283**	**302**	**10.4%**	**10.8%**	**9.7%**
Iowa	38	41	44	45	47	50	5.9	6.5	5.1
Kansas	22	25	29	33	36	39	12.5	15.4	8.3
Minnesota	31	42	42	44	65	69	17.2	11.9	25.5
Missouri	65	73	81	89	92	98	8.4	10.8	5.0
Nebraska	14	15	17	20	22	23	11.1	13.0	8.5
North Dakota	6	7	7	8	8	9	6.5	7.6	5.0
South Dakota	8	9	10	12	12	13	10.1	11.7	7.6
Mountain	**120**	**136**	**166**	**175**	**198**	**224**	**13.3%**	**13.3%**	**13.3%**
Arizona (1)	31	35	44	45	56	62	14.4	12.5	17.5
Colorado	25	30	34	35	39	49	14.3	11.0	19.4
Idaho	9	10	13	15	17	18	14.9	17.0	11.8
Montana	10	11	13	14	15	16	10.1	12.6	6.3
Nevada	8	9	10	12	14	16	16.1	17.0	14.8
New Mexico	22	25	32	33	34	37	10.7	14.5	5.2
Utah	11	13	15	16	17	19	11.7	13.1	9.6
Wyoming	3	4	4	5	5	6	15.1	15.1	15.1
Pacific	**667**	**708**	**776**	**838**	**873**	**914**	**6.5%**	**7.9%**	**4.4%**
Alaska	3	4	5	5	6	7	15.8	18.9	11.3
California	563	592	640	682	704	742	5.7	6.6	4.3
Hawaii (1,2)	12	13	14	16	18	14	3.1	10.8	-7.5
Oregon (1)	29	31	36	42	44	46	9.9	13.4	4.7
Washington	60	68	82	93	101	105	11.9	15.8	6.3

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. The blind and disabled beneficiary group includes individuals who, regardless of age, qualify for Medicaid because of disability.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) Hawaii did not report any adult or child beneficiaries on its HCFA-2082 report for 1995; the 1995 figure shown here is based on information provided by the state and relative spending per beneficiary data. This method of estimation likely overestimates the actual number of beneficianes, because Hawaii's expenditures were unusually high in 1995. See Appendix C.

Table 58

Medicaid Elderly Beneficiaries, 1990-1995

	Beneficiaries (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**3,167**	**3,310**	**3,547**	**3,680**	**3,828**	**3,889**	**4.2%**	**5.1%**	**2.8%**
New England	**178**	**186**	**192**	**196**	**202**	**223**	**4.7%**	**3.4%**	**6.7%**
Connecticut	32	33	34	35	37	53	10.5	3.1	22.5
Maine	21	22	22	22	23	22	1.4	2.2	0.2
Massachusetts	91	95	98	101	103	101	2.2	3.6	0.2
New Hampshire	5	7	8	8	10	17	25.3	15.7	41.2
Rhode Island	22	21	21	20	20	20	-1.9	-2.0	-1.7
Vermont	7	8	9	9	10	10	8.4	10.1	5.9
Middle Atlantic	**541**	**548**	**555**	**577**	**596**	**629**	**3.1%**	**2.2%**	**4.5%**
New Jersey	73	77	79	86	87	90	4.4	5.7	2.4
New York	336	336	340	351	367	371	2.0	1.5	2.8
Pennsylvania	132	135	136	139	143	167	4.9	1.9	9.7
South Atlantic	**544**	**583**	**650**	**686**	**704**	**724**	**5.9%**	**8.1%**	**2.7%**
Delaware	4	5	5	6	6	6	6.6	8.5	3.7
District of Columbia	10	11	11	9	9	8	-5.6	-3.8	-8.2
Florida	162	170	186	200	204	211	5.4	7.2	2.8
Georgia	75	87	101	104	104	104	6.7	11.4	0.0
Maryland	42	43	46	47	46	47	2.3	3.8	0.1
North Carolina	104	110	121	132	138	152	8.0	8.3	7.5
South Carolina	51	54	71	74	76	77	8.6	13.6	1.6
Virginia	67	72	78	82	85	85	4.8	6.6	2.2
West Virginia	28	30	32	34	35	35	4.3	6.1	1.6
East South Central	**265**	**277**	**289**	**300**	**333**	**315**	**3.5%**	**4.2%**	**2.5%**
Alabama	68	69	70	71	71	71	0.9	1.4	0.2
Kentucky	56	58	62	64	63	63	2.6	4.9	-0.7
Mississippi	56	61	63	65	65	67	3.5	5.2	0.9
Tennessee (1)	85	89	93	100	133	114	6.0	5.4	7.0
West South Central	**413**	**423**	**460**	**480**	**509**	**509**	**4.3%**	**5.2%**	**2.9%**
Arkansas	45	42	51	53	52	53	3.2	5.6	-0.2
Louisiana	82	88	92	93	97	97	3.5	4.5	1.9
Oklahoma	52	50	53	51	52	51	-0.4	-0.9	0.4
Texas	234	242	263	283	309	308	5.6	6.5	4.3
East North Central	**419**	**439**	**470**	**479**	**497**	**512**	**4.1%**	**4.6%**	**3.3%**
Illinois	88	91	106	111	116	127	7.6	8.2	6.7
Indiana	44	47	50	57	70	66	8.3	8.7	7.8
Michigan	82	86	85	84	84	86	0.9	0.8	1.1
Ohio	140	152	164	161	161	169	3.8	4.7	2.4
Wisconsin	64	62	65	66	66	64	0.0	1.1	-1.6
West North Central	**197**	**214**	**231**	**242**	**246**	**253**	**5.1%**	**7.1%**	**2.2%**
Iowa	31	33	35	36	38	38	4.2	5.3	2.5
Kansas	25	26	28	27	26	26	1.0	3.7	-3.0
Minnesota	46	50	53	57	53	57	4.4	7.4	0.0
Missouri	60	68	75	82	90	93	9.0	10.8	6.3
Nebraska	17	18	19	20	20	21	3.8	5.2	1.6
North Dakota	10	10	11	11	11	11	1.5	3.5	-1.4
South Dakota	9	9	10	9	9	9	0.4	2.3	-2.3
Mountain	**84**	**93**	**110**	**115**	**126**	**123**	**8.0%**	**11.0%**	**3.5%**
Arizona (1)	17	18	23	23	29	25	8.1	11.8	2.7
Colorado	23	26	31	35	37	37	10.1	15.7	2.2
Idaho	7	8	9	9	9	9	6.2	8.6	2.6
Montana	7	7	8	8	9	9	5.4	6.8	3.4
Nevada	8	8	9	10	11	11	7.7	9.1	5.6
New Mexico	13	14	18	17	18	17	5.2	7.7	1.6
Utah	7	9	9	9	9	9	5.0	8.9	-0.5
Wyoming	2	3	3	3	5	6	19.5	9.4	36.2
Pacific	**527**	**548**	**590**	**603**	**615**	**599**	**2.6%**	**4.6%**	**-0.4%**
Alaska	2	3	3	4	4	4	14.2	22.9	2.2
California	444	461	495	504	510	486	1.8	4.3	-1.7
Hawaii (1,2)	10	11	11	12	13	17	11.5	6.6	19.2
Oregon (1)	24	26	29	31	34	38	9.6	9.2	10.1
Washington	46	48	51	52	53	53	2.9	4.1	1.1

Source: Urban Institute calculations based on data from HCFA-2082 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding. Elderly beneficiaries are people aged 65 and over. The elderly most likely include some disabled individuals who have spent down their assets to become Medicaid eligible and were not originally considered disabled.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) Hawaii did not report any adult or child beneficiaries on its HCFA-2082 report for 1995; the 1995 figure shown here is based on information provided by the state and relative spending per beneficiary data. This method of estimation likely overestimates the actual number of beneficiaries, because Hawaii's expenditures were unusually high in 1995. See Appendix C.

Table 59
Medicaid Expenditures for Benefits and DSH, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$70,510**	**$89,074**	**$115,164**	**$127,394**	**$137,112**	**$152,423**	**16.7%**	**21.8%**	**9.4%**
New England	**$5,661**	**$7,832**	**$8,918**	**$9,020**	**$9,952**	**$11,571**	**15.4%**	**16.8%**	**13.3%**
Connecticut	1,239	1,517	2,113	2,278	2,424	2,838	18.0	22.5	11.6
Maine	438	589	748	851	932	949	16.7	24.8	5.6
Massachusetts	3,159	4,496	4,269	4,044	4,696	5,600	12.1	8.6	17.7
New Hampshire	226	390	761	763	830	848	30.2	49.9	5.4
Rhode Island	446	643	782	829	787	999	17.5	23.0	9.8
Vermont	154	197	245	255	284	336	16.9	18.5	14.7
Middle Atlantic	**$17,595**	**$22,182**	**$28,233**	**$29,947**	**$32,447**	**$35,853**	**15.3%**	**19.4%**	**9.4%**
New Jersey	2,374	3,102	4,179	4,706	4,793	5,391	17.8	25.6	7.0
New York	12,187	15,007	18,055	19,628	21,223	23,525	14.1	17.2	9.5
Pennsylvania	3,034	4,073	5,999	5,613	6,432	6,937	18.0	22.8	11.2
South Atlantic	**$9,616**	**$12,609**	**$15,881**	**$18,219**	**$20,139**	**$22,501**	**18.5%**	**23.7%**	**11.1%**
Delaware	126	185	216	253	281	334	21.6	26.2	15.0
District of Columbia	406	500	600	687	790	793	14.3	19.1	7.4
Florida	2,535	3,287	4,150	4,949	5,347	6,134	19.3	25.0	11.3
Georgia	1,566	1,974	2,487	2,799	3,274	3,581	18.0	21.4	13.1
Maryland	1,182	1,434	1,890	1,960	2,246	2,465	15.8	18.4	12.1
North Carolina	1,499	2,070	2,481	2,896	3,175	3,891	21.0	24.6	15.9
South Carolina	857	1,286	1,551	1,682	1,900	2,016	18.7	25.2	9.5
Virginia	1,036	1,259	1,553	1,792	1,871	2,058	14.7	20.0	7.2
West Virginia	410	614	954	1,200	1,254	1,227	24.5	43.1	1.1
East South Central	**$3,880**	**$5,277**	**$6,856**	**$7,373**	**$7,659**	**$9,016**	**18.4%**	**23.9%**	**10.6%**
Alabama	804	1,056	1,500	1,637	1,769	1,954	19.4	26.8	9.3
Kentucky	1,013	1,508	1,830	1,864	1,867	2,155	16.3	22.5	7.5
Mississippi	624	817	1,084	1,196	1,330	1,524	19.6	24.3	12.9
Tennessee (1)	1,439	1,896	2,442	2,675	2,694	3,383	18.6	23.0	12.5
West South Central	**$5,829**	**$7,831**	**$11,554**	**$12,970**	**$14,317**	**$15,150**	**21.1%**	**30.6%**	**8.1%**
Arkansas	618	732	931	1,031	1,074	1,205	14.3	18.6	8.1
Louisiana	1,402	1,894	3,316	3,730	4,065	4,117	24.0	38.6	5.1
Oklahoma	723	857	1,044	1,090	1,041	1,130	9.3	14.6	1.8
Texas	3,085	4,349	6,262	7,119	8,137	8,698	23.0	32.1	10.5
East North Central	**$11,328**	**$13,179**	**$17,398**	**$19,454**	**$20,780**	**$22,188**	**14.4%**	**19.8%**	**6.8%**
Illinois	2,479	2,511	4,288	4,981	5,286	5,986	19.3	26.2	9.6
Indiana (2)	1,487	1,775	2,495	2,816	2,811	2,529	11.2	23.7	-5.2
Michigan	2,618	3,359	3,788	4,363	4,930	5,114	14.3	18.6	8.3
Ohio	3,262	3,804	4,816	5,179	5,499	6,143	13.5	16.7	8.9
Wisconsin	1,482	1,731	2,011	2,115	2,256	2,416	10.3	12.6	6.9
West North Central	**$4,245**	**$5,610**	**$6,958**	**$7,396**	**$8,258**	**$8,894**	**15.9%**	**20.3%**	**9.7%**
Iowa	643	791	904	987	1,089	1,179	12.9	15.4	9.3
Kansas	493	609	799	890	981	945	13.9	21.8	3.1
Minnesota	1,472	1,703	1,941	2,167	2,470	2,749	13.3	13.8	12.6
Missouri	948	1,675	2,346	2,252	2,533	2,765	23.9	33.4	10.8
Nebraska	319	401	480	564	615	640	14.9	20.9	6.5
North Dakota	199	227	250	270	279	300	8.5	10.6	5.4
South Dakota	171	203	239	266	291	316	13.1	16.0	8.9
Mountain	**$2,231**	**$2,914**	**$4,090**	**$4,681**	**$5,101**	**$5,761**	**20.9%**	**28.0%**	**10.9%**
Arizona (1)	553	724	1,138	1,365	1,571	1,601	23.7	35.1	8.3
Colorado	541	747	993	1,092	1,119	1,525	23.1	26.4	18.2
Idaho	157	211	268	294	312	338	16.6	23.3	7.3
Montana	193	235	270	323	344	360	13.3	18.7	5.6
Nevada	150	187	372	423	418	464	25.4	41.4	4.7
New Mexico	294	370	508	571	665	745	20.4	24.7	14.2
Utah	276	347	422	478	513	555	15.0	20.1	7.8
Wyoming	67	93	121	135	158	172	20.6	26.0	13.0
Pacific	**$10,125**	**$11,639**	**$15,276**	**$18,336**	**$18,458**	**$21,489**	**16.2%**	**21.9%**	**8.3%**
Alaska	153	182	202	258	288	303	14.7	19.0	8.4
California	8,002	9,025	11,932	14,425	14,065	16,188	15.1	21.7	5.9
Hawaii (1,3)	207	254	314	381	458	730	28.7	22.6	38.4
Oregon (1)	537	660	805	956	1,105	1,438	21.8	21.2	22.7
Washington	1,227	1,518	2,023	2,316	2,543	2,830	18.2	23.6	10.5

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments. Figures may not sum to totals due to rounding.

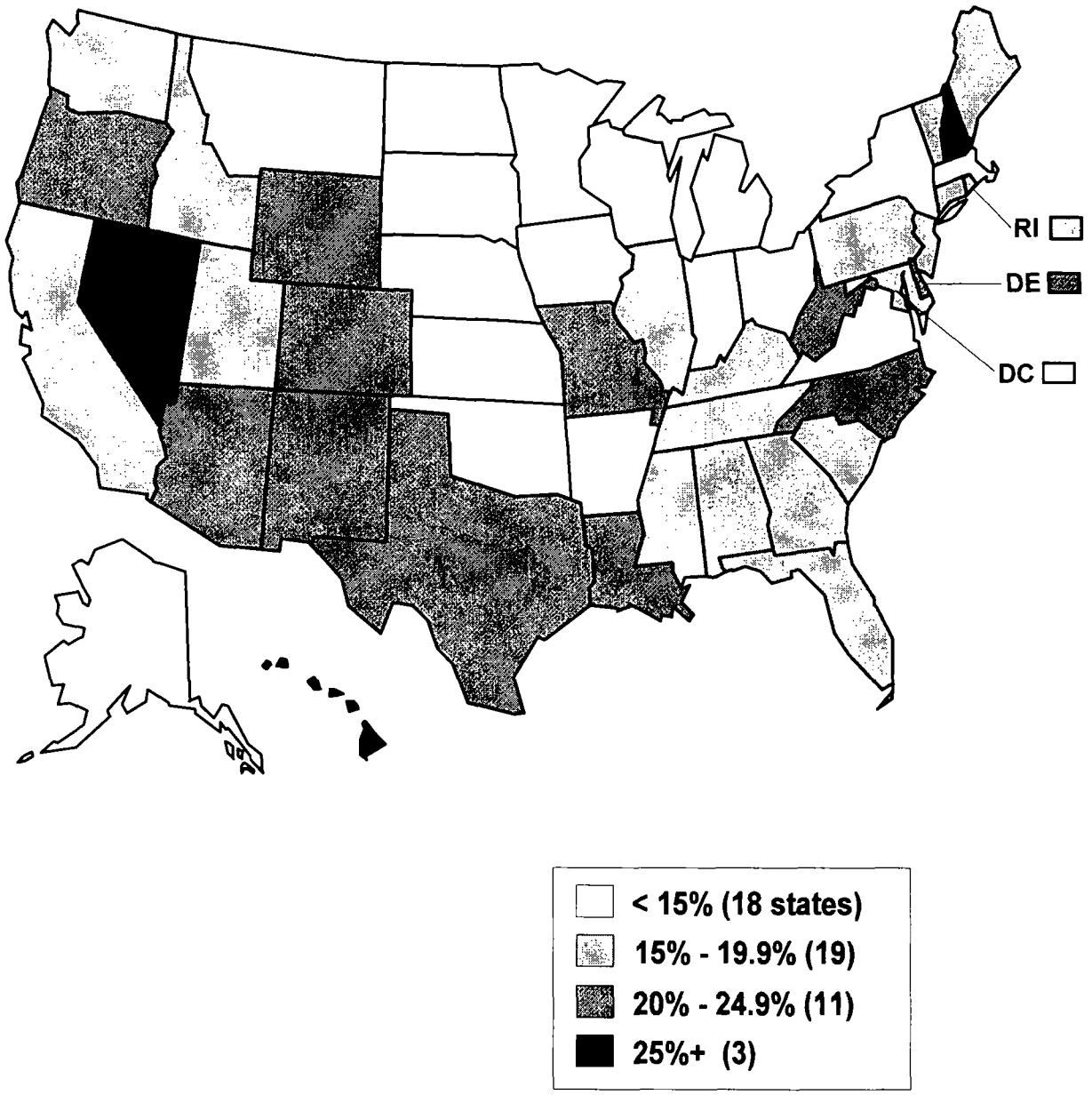
(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

(3) Sources in Hawaii reported that expenditures ballooned in 1995 because the state was catching up on fee-for-service reimbursements rendered in 1994, while also making prospective managed care payments for 1995 services. Preliminary 1996 data from HCFA indicate that Hawaii's total expenditures were less than $700 million in 1996 (including DSH, administration, and adjustments).

Figure 26

Average Annual Growth in Medicaid Expenditures for Benefits and DSH, 1990-1995



Source: Urban Institute calculations based on data from HCFA-64 reports.
Does not include administrative costs, accounting adjustments, or the U.S. Territories. "DSH" refers to disproportionate share hospital payments.

Table 60
Medicaid Expenditures for Benefits Only, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$69,131**	**$83,758**	**$97,639**	**$110,378**	**$120,222**	**$133,435**	**14.1%**	**16.9%**	**9.9%**
New England	**$5,657**	**$6,602**	**$7,430**	**$7,456**	**$8,343**	**$9,808**	**11.6%**	**9.6%**	**14.7%**
Connecticut	1,237	1,517	1,717	1,861	2,015	2,388	14.1	14.6	13.3
Maine	436	544	609	687	767	784	12.4	16.4	6.8
Massachusetts	3,159	3,436	3,812	3,560	4,154	4,991	9.6	4.1	18.4
New Hampshire	226	339	369	380	450	520	18.1	18.9	17.0
Rhode Island	446	571	701	732	692	827	13.2	18.0	6.3
Vermont	154	196	222	237	265	299	14.2	15.5	12.3
Middle Atlantic	**$17,137**	**$20,700**	**$23,052**	**$25,489**	**$28,090**	**$30,858**	**12.5%**	**14.1%**	**10.0%**
New Jersey	2,339	2,879	3,085	3,618	3,759	4,105	11.9	15.7	6.5
New York	11,771	14,180	14,936	17,069	18,716	20,608	11.9	13.2	9.9
Pennsylvania	3,027	3,641	5,032	4,802	5,615	6,145	15.2	16.6	13.1
South Atlantic	**$9,436**	**$12,143**	**$14,239**	**$16,518**	**$18,175**	**$20,500**	**16.8%**	**20.5%**	**11.4%**
Delaware	126	185	216	248	275	327	21.0	25.3	14.9
District of Columbia	406	500	567	641	737	742	12.8	16.4	7.6
Florida	2,491	3,248	3,958	4,709	5,062	5,800	18.4	23.7	11.0
Georgia	1,565	1,923	2,186	2,489	2,918	3,172	15.2	16.7	12.9
Maryland	1,182	1,434	1,777	1,883	2,096	2,305	14.3	16.8	10.7
North Carolina	1,434	1,920	2,149	2,551	2,785	3,462	19.3	21.2	16.5
South Carolina	795	1,073	1,111	1,242	1,419	1,576	14.7	16.0	12.7
Virginia	1,029	1,245	1,405	1,661	1,732	1,913	13.2	17.3	7.3
West Virginia	410	614	870	1,095	1,150	1,202	24.0	38.8	4.8
East South Central	**$3,590**	**$4,720**	**$5,591**	**$6,234**	**$6,908**	**$8,196**	**18.0%**	**20.2%**	**14.7%**
Alabama	610	902	1,083	1,218	1,352	1,537	20.3	26.0	12.3
Kentucky	1,013	1,331	1,566	1,727	1,799	1,935	13.8	19.5	5.9
Mississippi	621	793	931	1,044	1,172	1,341	16.6	18.9	13.3
Tennessee (1)	1,347	1,695	2,011	2,245	2,586	3,383	20.2	18.6	22.8
West South Central	**$5,700**	**$7,442**	**$8,798**	**$10,213**	**$11,450**	**$12,350**	**16.7%**	**21.5%**	**10.0%**
Arkansas	617	731	929	1,029	1,071	1,202	14.3	18.6	8.1
Louisiana	1,283	1,733	2,098	2,513	2,738	2,851	17.3	25.1	6.5
Oklahoma	720	845	1,022	1,066	1,017	1,112	9.1	14.0	2.1
Texas	3,080	4,134	4,749	5,606	6,624	7,185	18.5	22.1	13.2
East North Central	**$11,147**	**$12,741**	**$15,868**	**$18,178**	**$19,060**	**$20,297**	**12.7%**	**17.7%**	**5.7%**
Illinois	2,416	2,434	3,974	4,741	4,985	5,574	18.2	25.2	8.4
Indiana (2)	1,482	1,755	2,284	2,782	2,516	2,130	7.5	23.3	-12.5
Michigan	2,563	3,087	3,243	3,818	4,314	4,676	12.8	14.2	10.7
Ohio	3,205	3,736	4,365	4,730	5,001	5,513	11.5	13.9	8.0
Wisconsin	1,481	1,728	2,002	2,107	2,244	2,404	10.2	12.5	6.8
West North Central	**$4,157**	**$5,045**	**$5,988**	**$6,469**	**$7,320**	**$8,051**	**14.1%**	**15.9%**	**11.6%**
Iowa	641	789	899	983	1,083	1,174	12.9	15.3	9.3
Kansas	458	555	610	705	816	871	13.7	15.5	11.2
Minnesota	1,464	1,693	1,899	2,135	2,426	2,725	13.2	13.4	13.0
Missouri	906	1,178	1,614	1,549	1,820	2,036	17.6	19.6	14.7
Nebraska	318	400	477	561	607	631	14.7	20.8	6.1
North Dakota	199	227	250	270	278	298	8.4	10.6	5.2
South Dakota	171	203	239	266	290	315	13.0	16.0	8.7
Mountain	**$2,225**	**$2,859**	**$3,877**	**$4,364**	**$4,802**	**$5,196**	**18.5%**	**25.2%**	**9.1%**
Arizona (1)	553	724	1,138	1,274	1,466	1,478	21.7	32.0	7.7
Colorado	537	695	872	961	1,013	1,170	16.9	21.5	10.4
Idaho	157	211	266	293	311	334	16.3	23.1	6.9
Montana	193	235	270	323	344	360	13.3	18.7	5.6
Nevada	150	186	298	343	344	390	21.1	31.9	6.7
New Mexico	293	370	496	562	657	738	20.3	24.2	14.5
Utah	275	345	417	473	509	552	15.0	19.8	8.0
Wyoming	67	93	121	135	158	172	20.7	26.0	13.0
Pacific	**$10,082**	**$11,506**	**$12,796**	**$15,457**	**$16,072**	**$18,178**	**12.5%**	**15.3%**	**8.4%**
Alaska	153	182	202	244	270	285	13.2	16.8	8.1
California	7,991	8,926	9,740	11,882	12,056	13,273	10.7	14.1	5.7
Hawaii (1,3)	207	252	274	337	429	729	28.7	17.7	47.1
Oregon (1)	532	653	787	935	1,083	1,410	21.5	20.7	22.8
Washington	1,199	1,494	1,792	2,059	2,234	2,482	15.7	19.8	9.8

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

(3) Sources in Hawaii reported that expenditures ballooned in 1995 because the state was catching up on fee-for-service reimbursements rendered in 1994, while also making prospective managed care payments for 1995 services. Preliminary 1996 data from HCFA indicate that Hawaii's total expenditures were less than $700 million in 1996 (including DSH, administration, and adjustments).

Table 61
Total Medicaid Expenditures, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$72,062**	**$94,154**	**$119,596**	**$130,748**	**$143,729**	**$159,112**	**17.2%**	**22.0%**	**10.3%**
New England	**$5,632**	**$7,828**	**$9,014**	**$8,797**	**$9,847**	**$10,892**	**14.1%**	**16.0%**	**11.3%**
Connecticut	1,238	1,506	2,291	2,058	2,408	2,568	15.7	18.5	11.7
Maine	452	599	751	851	940	962	16.3	23.5	6.4
Massachusetts	3,079	4,465	4,142	3,997	4,398	5,126	10.7	9.1	13.2
New Hampshire	239	400	773	773	970	855	29.0	47.8	5.2
Rhode Island	455	645	790	839	820	1,022	17.6	22.6	10.4
Vermont	169	212	266	279	310	358	16.1	18.1	13.3
Middle Atlantic	**$18,327**	**$25,661**	**$30,418**	**$30,269**	**$34,191**	**$38,278**	**15.9%**	**18.2%**	**12.5%**
New Jersey	2,446	3,302	4,643	5,024	4,902	5,577	17.9	27.1	5.4
New York	12,716	17,957	19,422	18,564	22,136	24,994	14.5	13.4	16.0
Pennsylvania	3,165	4,402	6,353	6,680	7,153	7,708	19.5	28.3	7.4
South Atlantic	**$9,982**	**$12,963**	**$16,347**	**$18,648**	**$20,524**	**$23,030**	**18.2%**	**23.2%**	**11.1%**
Delaware	132	194	233	265	296	352	21.7	26.2	15.3
District of Columbia	446	506	610	678	812	821	13.0	14.9	10.1
Florida	2,600	3,381	4,221	5,014	5,354	6,207	19.0	24.5	11.3
Georgia	1,605	2,034	2,547	2,875	3,337	3,609	17.6	21.5	12.0
Maryland	1,262	1,531	2,031	2,071	2,362	2,543	15.0	18.0	10.8
North Carolina	1,535	2,109	2,526	2,938	3,228	4,005	21.1	24.2	16.8
South Carolina	884	1,287	1,556	1,714	1,926	2,060	18.4	24.7	9.6
Virginia	1,098	1,325	1,658	1,864	1,934	2,121	14.1	19.3	6.7
West Virginia	420	595	965	1,231	1,275	1,312	25.6	43.1	3.2
East South Central	**$3,922**	**$5,327**	**$6,911**	**$7,481**	**$7,802**	**$9,175**	**18.5%**	**24.0%**	**10.7%**
Alabama	824	1,102	1,541	1,673	1,817	1,983	19.2	26.6	8.9
Kentucky	1,034	1,487	1,860	1,876	1,890	2,182	16.1	22.0	7.9
Mississippi	643	836	1,105	1,205	1,345	1,575	19.6	23.3	14.3
Tennessee (1)	1,421	1,901	2,405	2,727	2,749	3,435	19.3	24.3	12.2
West South Central	**$6,124**	**$7,935**	**$11,768**	**$13,503**	**$15,020**	**$15,714**	**20.7%**	**30.2%**	**7.9%**
Arkansas	639	753	959	1,055	1,107	1,228	14.0	18.2	7.9
Louisiana	1,453	2,035	3,385	3,970	4,270	4,209	23.7	39.8	3.0
Oklahoma	784	918	1,118	1,162	1,141	1,206	9.0	14.0	1.9
Texas	3,248	4,229	6,306	7,315	8,502	9,070	22.8	31.1	11.4
East North Central	**$11,229**	**$13,524**	**$17,612**	**$20,072**	**$21,269**	**$22,821**	**15.2%**	**21.4%**	**6.6%**
Illinois	2,552	2,591	4,411	5,169	5,470	6,288	19.8	26.5	10.3
Indiana (2)	1,486	1,794	2,259	2,830	2,523	2,135	7.5	24.0	-13.2
Michigan	2,758	3,470	4,001	4,588	5,232	5,387	14.3	18.5	8.4
Ohio	2,906	3,878	4,889	5,325	5,673	6,436	17.2	22.4	9.9
Wisconsin	1,527	1,791	2,052	2,160	2,371	2,575	11.0	12.3	9.2
West North Central	**$4,414**	**$5,839**	**$7,247**	**$7,798**	**$8,542**	**$9,228**	**15.9%**	**20.9%**	**8.8%**
Iowa	665	810	917	999	1,094	1,195	12.4	14.5	9.3
Kansas	548	706	939	1,105	1,015	970	12.1	26.3	-6.3
Minnesota	1,505	1,768	2,028	2,257	2,605	2,918	14.2	14.5	13.7
Missouri	982	1,698	2,364	2,307	2,606	2,838	23.6	32.9	10.9
Nebraska	337	421	495	585	641	677	15.0	20.2	7.6
North Dakota	202	232	260	271	286	309	8.9	10.4	6.7
South Dakota	176	204	244	272	296	322	12.9	15.7	8.8
Mountain	**$2,486**	**$3,290**	**$4,403**	**$5,202**	**$5,687**	**$6,050**	**19.5%**	**27.9%**	**7.8%**
Arizona (1)	724	980	1,327	1,579	1,808	1,696	18.6	29.7	3.7
Colorado	575	778	1,024	1,311	1,151	1,569	22.2	31.6	9.4
Idaho	169	223	284	313	333	365	16.6	22.8	7.9
Montana	191	248	280	341	347	373	14.3	21.4	4.5
Nevada	160	199	378	404	399	472	24.1	36.1	8.1
New Mexico	305	391	540	606	705	810	21.6	25.7	15.6
Utah	290	373	445	506	543	590	15.3	20.4	8.0
Wyoming	71	99	126	142	163	175	19.7	25.7	11.2
Pacific	**$9,946**	**$11,785**	**$15,877**	**$18,979**	**$20,847**	**$23,924**	**19.2%**	**24.0%**	**12.3%**
Alaska	163	190	213	321	308	342	16.0	25.4	3.2
California	7,675	8,969	12,303	14,820	16,116	18,230	18.9	24.5	10.9
Hawaii (1,3)	220	273	360	403	474	762	28.2	22.3	37.5
Oregon (1)	600	748	883	1,032	1,216	1,551	20.9	19.8	22.6
Washington	1,289	1,604	2,119	2,403	2,734	3,040	18.7	23.1	12.5

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include the U.S. Territories. Figures may not sum to totals due to rounding.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

(3) Sources in Hawaii reported that expenditures ballooned in 1995 because the state was catching up on fee-for-service reimbursements rendered in 1994, while also making prospective managed care payments for 1995 services. Preliminary 1996 data from HCFA indicate that Hawaii's total expenditures were less than $700 million in 1996 (including DSH, administration, and adjustments).

Table 62

Medicaid Expenditures per Beneficiary, 1990-1995

	Expenditures per Beneficiary						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$2,873**	**$3,119**	**$3,275**	**$3,402**	**$3,517**	**$3,789**	**5.7%**	**5.8%**	**5.5%**
New England	**$4,767**	**$5,025**	**$5,263**	**$4,937**	**$5,469**	**$6,120**	**5.1%**	**1.2%**	**11.3%**
Connecticut	5,097	5,603	5,631	5,696	5,854	6,529	5.1	3.8	7.1
Maine	3,276	3,610	3,750	4,070	4,350	4,436	6.2	7.5	4.4
Massachusetts (1)	5,348	5,320	5,625	4,847	5,903	6,882	5.2	-3.2	19.2
New Hampshire	5,278	5,831	5,276	4,863	5,440	5,092	-0.7	-2.7	2.3
Rhode Island	3,808	4,850	5,885	6,019	5,474	6,104	9.9	16.5	0.7
Vermont	2,543	2,769	2,864	2,940	2,883	3,069	3.8	5.0	2.2
Middle Atlantic	**$4,221**	**$4,768**	**$5,205**	**$5,371**	**$5,689**	**$6,133**	**7.8%**	**8.4%**	**6.9%**
New Jersey	4,126	4,689	4,425	4,627	4,826	5,280	5.1	3.9	6.8
New York	5,060	5,761	5,841	6,229	6,447	6,815	6.1	7.2	4.6
Pennsylvania	2,595	2,876	4,283	3,926	4,473	4,995	14.0	14.8	12.8
South Atlantic	**$2,609**	**$2,870**	**$2,865**	**$2,943**	**$3,087**	**$3,340**	**5.1%**	**4.1%**	**6.5%**
Delaware	2,536	3,667	3,553	3,595	3,693	4,192	10.6	12.3	8.0
District of Columbia	4,356	5,010	5,251	5,347	5,794	5,423	4.5	7.1	0.7
Florida	2,517	2,687	2,587	2,699	2,931	3,344	5.8	2.3	11.3
Georgia	2,412	2,579	2,534	2,613	2,726	2,788	2.9	2.7	3.3
Maryland	3,605	3,963	4,767	4,266	5,051	5,588	9.2	5.8	14.4
North Carolina	2,548	2,878	2,737	2,839	2,833	3,216	4.8	3.7	6.4
South Carolina	2,518	2,895	2,602	2,674	2,936	3,188	4.8	2.0	9.2
Virginia	2,713	2,817	2,729	2,887	2,699	2,821	0.8	2.1	-1.2
West Virginia	1,637	2,163	2,824	3,156	3,143	3,093	13.6	24.4	-1.0
East South Central	**$1,925**	**$2,253**	**$2,409**	**$2,444**	**$2,402**	**$2,589**	**6.1%**	**8.3%**	**2.9%**
Alabama	1,732	2,236	2,319	2,336	2,512	2,859	10.5	10.5	10.6
Kentucky	2,165	2,532	2,686	2,799	2,898	3,111	7.5	8.9	5.4
Mississippi	1,435	1,688	1,912	2,070	2,228	2,582	12.5	13.0	11.7
Tennessee (2)	2,201	2,433	2,565	2,472	2,171	2,274	0.7	4.0	-4.1
West South Central	**$2,244**	**$2,558**	**$2,614**	**$2,727**	**$2,865**	**$3,060**	**6.4%**	**6.7%**	**5.9%**
Arkansas	2,431	2,819	2,913	3,050	3,176	3,435	7.2	7.9	6.1
Louisiana	2,240	2,779	3,068	3,435	3,616	3,745	10.8	15.3	4.4
Oklahoma	2,652	2,817	2,867	2,898	2,619	2,827	1.3	3.0	-1.2
Texas	2,136	2,394	2,367	2,428	2,635	2,839	5.9	4.4	8.1
East North Central	**$2,773**	**$2,931**	**$3,302**	**$3,586**	**$3,669**	**$3,877**	**6.9%**	**9.0%**	**4.0%**
Illinois	2,263	2,127	3,027	3,399	3,459	3,595	9.7	14.5	2.8
Indiana (3)	4,293	4,247	4,551	4,969	4,186	3,822	-2.3	5.0	-12.3
Michigan	2,468	2,776	2,875	3,263	3,636	4,017	10.2	9.8	11.0
Ohio	2,721	2,959	3,064	3,208	3,343	3,664	6.1	5.6	6.9
Wisconsin	3,789	4,171	4,574	4,486	4,772	5,241	6.7	5.8	8.1
West North Central	**$2,842**	**$3,096**	**$3,464**	**$3,492**	**$3,796**	**$4,008**	**7.1%**	**7.1%**	**7.1%**
Iowa	2,675	3,024	3,235	3,414	3,589	3,868	7.7	8.5	6.5
Kansas	2,357	2,654	2,712	2,905	3,241	3,459	8.0	7.2	9.1
Minnesota	4,018	4,080	4,730	5,064	5,872	5,927	8.1	8.0	8.2
Missouri	2,021	2,340	2,911	2,541	2,721	2,927	7.7	7.9	7.3
Nebraska	2,696	3,040	3,218	3,518	3,812	3,864	7.5	9.3	4.8
North Dakota	4,069	4,325	4,376	4,343	4,451	4,869	3.7	2.2	5.9
South Dakota	3,459	3,547	3,716	3,846	4,059	4,286	4.4	3.6	5.6
Mountain	**$2,483**	**$2,705**	**$3,038**	**$3,145**	**$3,077**	**$3,251**	**5.5%**	**8.2%**	**1.7%**
Arizona (2)	2,002	2,313	2,830	3,153	2,880	2,995	8.4	16.4	-2.5
Colorado	2,814	3,110	3,371	3,442	3,533	4,000	7.3	6.9	7.8
Idaho	2,874	3,011	3,066	2,941	2,829	2,906	0.2	0.8	-0.6
Montana	3,178	3,700	4,516	3,643	3,625	3,690	3.0	4.7	0.6
Nevada	3,184	3,136	3,845	3,881	3,604	3,732	3.2	6.8	-1.9
New Mexico	2,266	2,293	2,341	2,409	2,551	2,607	2.8	2.1	4.0
Utah	2,539	2,665	3,038	3,194	3,238	3,441	6.3	7.9	3.8
Wyoming	2,327	2,530	2,842	2,922	3,186	3,353	7.6	7.9	7.1
Pacific	**$2,282**	**$2,335**	**$2,324**	**$2,590**	**$2,561**	**$2,841**	**4.5%**	**4.3%**	**4.7%**
Alaska	3,919	3,554	3,506	3,749	3,928	4,184	1.3	-1.5	5.7
California	2,205	2,221	2,171	2,458	2,408	2,686	4.0	3.7	4.5
Hawaii (2)	2,565	2,859	2,795	3,066	3,594	3,192	4.5	6.1	2.0
Oregon (2)	2,342	2,480	2,666	2,875	2,634	3,119	5.9	7.1	4.2
Washington	2,678	2,950	3,152	3,253	3,342	3,505	5.5	6.7	3.8

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

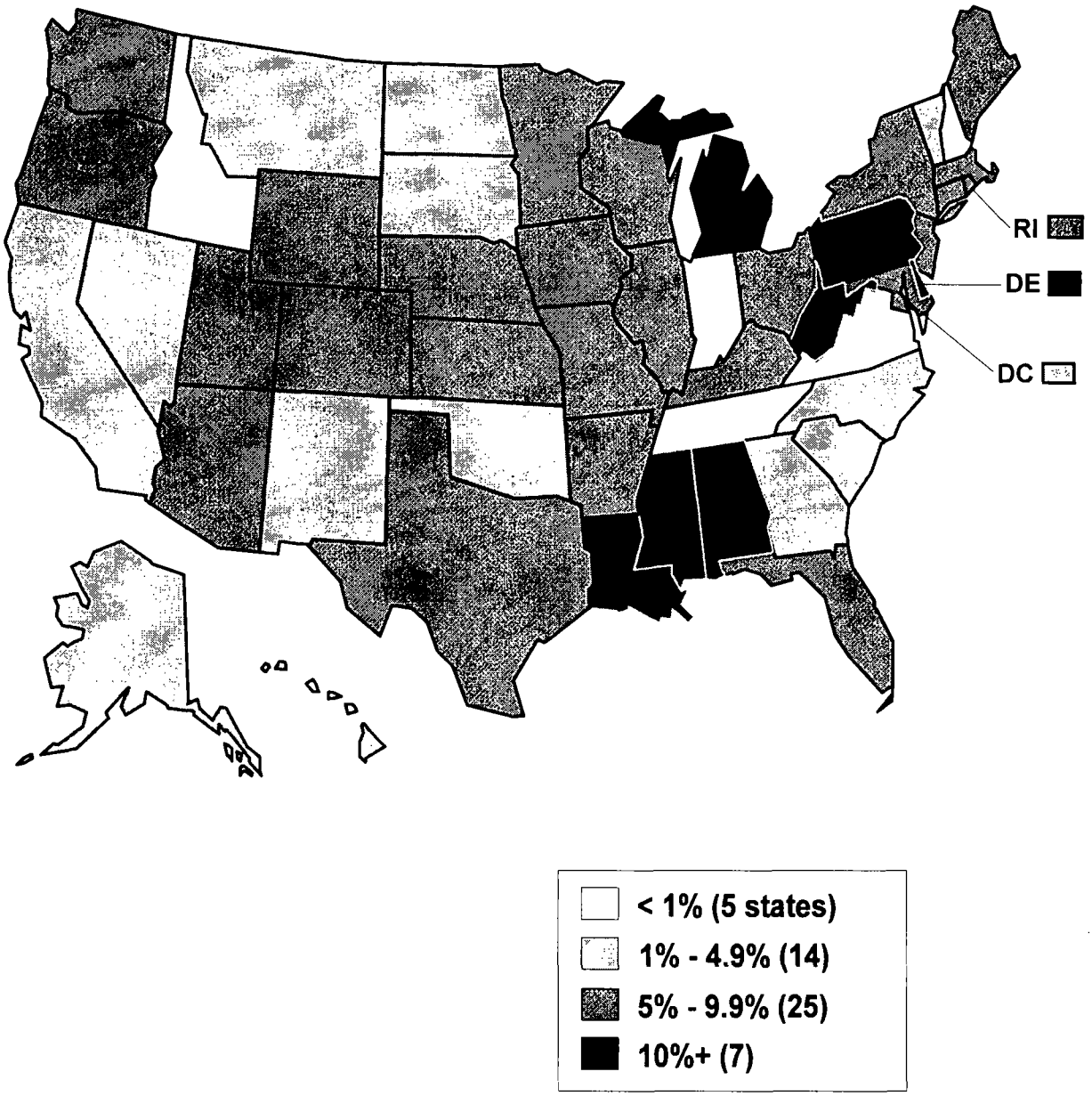
(1) The expenditures for Massachusetts in this table likely overstate program costs in 1994 and 1995. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

Figure 27

Average Annual Growth in Medicaid Expenditures per Beneficiary, 1990-1995



Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.
Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Beneficiaries are people enrolled in the Medicaid program who actually receive medical services.

Table 63

Medicaid Expenditures per Child Beneficiary, 1990-1995

	Expenditures per Beneficiary						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$996**	**$1,120**	**$1,201**	**$1,289**	**$1,360**	**$1,451**	**7.8%**	**9.0%**	**6.1%**
New England	**$1,160**	**$1,298**	**$1,485**	**$1,512**	**$1,706**	**$1,947**	**10.9%**	**9.2%**	**13.5%**
Connecticut	1,180	1,261	1,330	1,372	1,461	1,415	3.7	5.1	1.6
Maine	748	902	1,009	1,137	1,265	1,360	12.7	15.0	9.4
Massachusetts (1)	1,382	1,464	1,786	1,817	2,201	2,701	14.3	9.5	21.9
New Hampshire	1,190	1,810	1,614	1,449	1,638	1,488	4.6	6.8	1.4
Rhode Island	742	1,082	1,341	1,168	1,155	1,643	17.2	16.3	18.6
Vermont	642	764	810	843	875	960	8.4	9.5	6.7
Middle Atlantic	**$1,118**	**$1,342**	**$1,506**	**$1,589**	**$1,753**	**$2,061**	**13.0%**	**12.4%**	**13.9%**
New Jersey	859	1,018	1,163	1,196	1,113	1,396	10.2	11.7	8.1
New York	1,234	1,494	1,513	1,695	1,895	2,241	12.7	11.1	15.0
Pennsylvania	1,003	1,188	1,678	1,584	1,795	2,002	14.8	16.4	12.4
South Atlantic	**$957**	**$1,140**	**$1,166**	**$1,218**	**$1,278**	**$1,390**	**7.8%**	**8.4%**	**6.8%**
Delaware	534	1,014	1,047	1,062	1,093	1,486	22.7	25.7	18.3
District of Columbia	1,565	1,814	2,085	1,979	2,081	1,917	4.1	8.1	-1.6
Florida	983	1,196	1,200	1,302	1,403	1,570	9.8	9.8	9.8
Georgia	791	862	858	914	1,050	1,073	6.3	4.9	8.4
Maryland	1,563	1,799	2,110	1,930	2,344	2,635	11.0	7.3	16.8
North Carolina	1,038	1,240	1,142	1,152	1,137	1,282	4.3	3.6	5.5
South Carolina	875	1,238	991	1,023	1,061	1,178	6.1	5.3	7.3
Virginia	767	798	879	924	858	996	5.4	6.4	3.8
West Virginia	447	627	1,075	1,260	1,200	1,138	20.6	41.3	-5.0
East South Central	**$806**	**$925**	**$970**	**$992**	**$1,088**	**$1,028**	**5.0%**	**7.2%**	**1.8%**
Alabama	458	766	756	770	810	904	14.6	18.9	8.3
Kentucky	903	1,021	1,070	1,073	1,009	1,056	3.2	5.9	-0.8
Mississippi	530	625	678	773	837	985	13.2	13.4	12.9
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$894**	**$1,004**	**$1,055**	**$1,085**	**$1,146**	**$1,184**	**5.8%**	**6.7%**	**4.4%**
Arkansas	1,140	1,384	1,256	1,314	1,221	1,272	2.2	4.9	-1.6
Louisiana	856	1,103	1,187	1,189	1,358	1,373	9.9	11.6	7.4
Oklahoma	1,248	1,217	1,463	1,341	1,118	1,232	-0.3	2.4	-4.1
Texas	809	889	923	993	1,085	1,117	6.7	7.1	6.1
East North Central	**$1,078**	**$1,128**	**$1,233**	**$1,463**	**$1,483**	**$1,496**	**6.8%**	**10.7%**	**1.1%**
Illinois	787	747	1,060	1,278	1,364	1,434	12.7	17.5	5.9
Indiana (3)	1,700	1,561	1,583	2,649	1,756	1,321	-4.9	15.9	-29.4
Michigan	1,056	1,149	1,095	1,329	1,581	1,790	11.1	8.0	16.0
Ohio	1,115	1,231	1,280	1,256	1,337	1,242	2.2	4.0	-0.6
Wisconsin	1,397	1,476	1,599	1,544	1,750	2,181	9.3	3.4	18.9
West North Central	**$889**	**$980**	**$1,137**	**$1,204**	**$1,277**	**$1,403**	**9.6%**	**10.6%**	**8.0%**
Iowa	930	1,026	1,152	1,212	1,286	1,680	12.6	9.2	17.7
Kansas	769	910	896	962	1,064	1,050	6.4	7.7	4.5
Minnesota	1,189	1,173	1,508	1,711	1,927	2,164	12.7	12.9	12.5
Missouri	616	786	966	916	976	986	9.9	14.2	3.8
Nebraska	883	980	1,107	1,325	1,407	1,341	8.7	14.5	0.6
North Dakota	991	1,105	1,066	1,071	982	1,154	3.1	2.6	3.8
South Dakota	1,049	1,045	1,080	1,070	1,050	1,067	0.3	0.6	-0.1
Mountain	**$1,078**	**$1,337**	**$1,671**	**$1,702**	**$1,647**	**$1,408**	**5.5%**	**16.4%**	**-9.0%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	886	1,116	1,291	1,370	1,399	1,691	13.8	15.6	11.1
Idaho	725	821	904	841	789	740	0.4	5.1	-6.2
Montana	1,136	1,291	1,609	1,106	1,031	908	-4.4	-0.9	-9.4
Nevada	1,097	1,141	1,582	1,527	1,433	1,847	11.0	11.6	10.0
New Mexico	762	846	1,258	1,143	1,154	1,086	7.3	14.5	-2.5
Utah	778	1,072	1,338	1,382	1,451	1,660	16.4	21.1	9.6
Wyoming	1,026	1,087	1,185	1,138	1,041	1,054	0.5	3.5	-3.8
Pacific	**$939**	**$986**	**$962**	**$1,082**	**$1,142**	**$1,267**	**6.2%**	**4.9%**	**8.2%**
Alaska	1,779	1,670	1,684	2,109	2,142	2,301	5.3	5.8	4.4
California	959	1,001	950	1,078	1,091	1,206	4.7	4.0	5.8
Hawaii (2,4)	945	1,060	1,002	1,228	1,674	n/a	n/a	9.1	n/a
Oregon (2)	761	858	1,000	1,123	1,198	1,644	16.7	13.8	21.0
Washington	794	850	936	948	1,257	1,283	10.1	6.1	16.3

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Child beneficiaries are non-disabled individuals under 18. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) The expenditures for Massachusetts in this table likely overstate program costs in 1994 and 1995 See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

(4) Comparable spending per beneficiary data are not available for Hawaii in 1995 due to incomplete beneficiary and expenditure data on the state's HCFA-2082 report.

Table 64

Medicaid Expenditures per Adult Beneficiary, 1990-1995

	Expenditures per Beneficiary						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$1,542**	**$1,742**	**$1,836**	**$1,956**	**$1,974**	**$2,080**	**6.2%**	**8.2%**	**3.1%**
New England	**$1,668**	**$1,893**	**$2,090**	**$1,983**	**$2,235**	**$2,295**	**6.6%**	**5.9%**	**7.6%**
Connecticut	1,366	1,674	1,886	1,915	2,059	2,062	8.6	11.9	3.8
Maine	1,220	1,500	1,481	1,783	1,972	1,943	9.8	13.5	4.4
Massachusetts (1)	2,050	2,104	2,372	2,097	2,490	2,714	5.8	0.8	13.8
New Hampshire	1,559	2,577	2,353	2,005	2,349	1,809	3.0	8.7	-5.0
Rhode Island	1,243	1,770	2,236	2,159	2,273	2,253	12.6	20.2	2.1
Vermont	1,113	1,344	1,325	1,352	1,321	1,422	5.0	6.7	2.6
Middle Atlantic	**$1,774**	**$2,180**	**$2,238**	**$2,364**	**$2,459**	**$2,660**	**8.4%**	**10.0%**	**6.1%**
New Jersey	2,264	2,774	2,806	2,684	2,690	2,821	4.5	5.8	2.5
New York	2,008	2,468	2,276	2,489	2,597	2,832	7.1	7.4	6.7
Pennsylvania	1,129	1,391	1,732	1,810	1,933	2,040	12.6	17.0	6.2
South Atlantic	**$1,720**	**$1,833**	**$1,863**	**$1,994**	**$2,077**	**$2,300**	**6.0%**	**5.0%**	**7.4%**
Delaware	1,064	1,790	1,672	1,747	1,817	2,269	16.4	18.0	14.0
District of Columbia	2,180	2,498	2,367	2,286	2,208	2,225	0.4	1.6	-1.3
Florida	1,877	1,603	1,524	1,753	2,019	2,419	5.2	-2.3	17.4
Georgia	2,171	2,325	2,317	2,404	2,504	2,527	3.1	3.5	2.5
Maryland	2,062	2,355	2,825	2,483	2,861	3,280	9.7	6.4	14.9
North Carolina	1,360	1,708	1,688	1,801	1,807	2,389	11.9	9.8	15.2
South Carolina	1,807	1,903	1,663	1,887	1,938	1,941	1.4	1.5	1.4
Virginia	1,456	1,629	1,556	1,736	1,619	1,576	1.6	6.0	-4.7
West Virginia	995	1,296	1,971	2,094	1,897	1,777	12.3	28.1	-7.9
East South Central	**$1,368**	**$1,669**	**$1,798**	**$1,777**	**$1,887**	**$1,892**	**6.7%**	**9.1%**	**3.2%**
Alabama	1,095	1,567	1,528	1,658	1,742	2,112	14.0	14.8	12.9
Kentucky	1,410	1,750	2,019	2,032	1,992	2,198	9.3	12.9	4.0
Mississippi	1,091	1,297	1,365	1,546	1,573	1,797	10.5	12.3	7.8
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$1,593**	**$1,924**	**$1,922**	**$1,980**	**$2,108**	**$2,205**	**6.7%**	**7.5%**	**5.5%**
Arkansas	1,029	1,144	1,238	1,308	1,172	1,398	6.3	8.3	3.4
Louisiana	1,495	2,076	2,240	2,274	2,452	2,423	10.1	15.0	3.2
Oklahoma	1,842	1,734	1,693	1,697	1,307	1,300	-6.7	-2.7	-12.5
Texas	1,660	1,995	1,965	2,027	2,239	2,380	7.5	6.9	8.4
East North Central	**$1,420**	**$1,499**	**$1,729**	**$1,873**	**$1,874**	**$1,814**	**5.0%**	**9.7%**	**-1.6%**
Illinois	1,064	951	1,522	1,804	1,879	1,903	12.3	19.2	2.7
Indiana (3)	2,273	2,170	2,634	2,988	2,270	1,772	-4.9	9.5	-23.0
Michigan	1,458	1,707	1,695	1,770	1,912	2,036	6.9	6.7	7.3
Ohio	1,441	1,552	1,631	1,661	1,718	1,530	1.2	4.9	-4.0
Wisconsin	1,395	1,446	1,638	1,592	1,676	1,830	5.6	4.5	7.2
West North Central	**$1,226**	**$1,373**	**$1,573**	**$1,606**	**$1,611**	**$1,676**	**6.4%**	**9.4%**	**2.2%**
Iowa	1,295	1,431	1,588	1,622	1,648	1,815	7.0	7.8	5.8
Kansas	1,181	1,463	1,669	1,759	1,728	1,685	7.4	14.2	-2.1
Minnesota	1,653	1,646	1,988	2,190	2,201	2,409	7.8	9.8	4.9
Missouri	806	1,016	1,209	1,078	1,160	1,162	7.6	10.2	3.8
Nebraska	1,207	1,396	1,418	1,570	1,663	1,599	5.8	9.2	0.9
North Dakota	1,783	1,939	2,092	2,206	1,962	1,534	-3.0	7.4	-16.6
South Dakota	1,263	1,369	1,589	1,672	1,675	1,738	6.6	9.8	2.0
Mountain	**$1,637**	**$1,948**	**$2,295**	**$2,379**	**$2,359**	**$2,144**	**5.5%**	**13.3%**	**-5.1%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	1,407	1,794	2,122	2,358	2,365	2,194	9.3	18.8	-3.5
Idaho	1,381	1,605	1,861	1,783	1,666	1,658	3.7	8.9	-3.6
Montana	1,518	1,703	2,605	1,684	1,648	1,420	-1.3	3.5	-8.2
Nevada	1,855	1,903	2,838	2,634	2,267	2,411	5.4	12.4	-4.3
New Mexico	1,639	1,591	1,622	1,638	1,699	1,794	1.8	0.0	4.7
Utah	1,806	2,132	2,454	2,599	2,581	2,507	6.8	12.9	-1.8
Wyoming	1,700	1,728	1,850	1,952	2,094	2,161	4.9	4.7	5.2
Pacific	**$1,438**	**$1,542**	**$1,548**	**$1,790**	**$1,634**	**$1,863**	**5.3%**	**7.6%**	**2.0%**
Alaska	3,357	3,221	3,218	3,295	3,081	3,135	-1.4	-0.6	-2.5
California	1,405	1,482	1,457	1,740	1,588	1,725	4.2	7.4	-0.4
Hawaii (2,4)	1,525	1,750	1,726	1,913	2,164	n/a	n/a	7.8	n/a
Oregon (2)	1,184	1,347	1,450	1,677	1,422	1,717	7.7	12.3	1.2
Washington	1,635	1,920	2,120	2,064	1,959	2,348	7.5	8.1	6.6

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Adult beneficiaries are non-disabled individuals between 19 and 64. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) The expenditures for Massachusetts in this table likely overstate program costs in 1994 and 1995. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

(4) Comparable spending per beneficiary data are not available for Hawaii in 1995 due to incomplete beneficiary and expenditure data on the state's HCFA-2082 report.

Table 65

Medicaid Expenditures per Blind and Disabled Beneficiary, 1990-1995

	Expenditures per Beneficiary						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$6,991**	**$7,644**	**$8,031**	**$8,270**	**$8,421**	**$8,784**	**4.7%**	**5.8%**	**3.1%**
New England	**$11,078**	**$11,387**	**$12,238**	**$11,582**	**$12,178**	**$13,350**	**3.8%**	**1.5%**	**7.4%**
Connecticut	14,393	15,767	16,753	16,521	16,262	18,502	5.2	4.7	5.8
Maine	6,990	7,356	7,561	8,487	8,720	8,400	3.7	6.7	-0.5
Massachusetts (1)	11,595	11,093	11,891	10,346	11,947	13,069	2.4	-3.7	12.4
New Hampshire	13,232	14,180	13,390	12,269	11,998	14,434	1.8	-2.5	8.5
Rhode Island	8,480	10,564	13,159	14,391	12,244	14,559	11.4	19.3	0.6
Vermont	7,190	7,890	8,148	8,146	8,112	8,703	3.9	4.2	3.4
Middle Atlantic	**$10,449**	**$11,965**	**$12,438**	**$12,844**	**$12,872**	**$13,402**	**5.1%**	**7.1%**	**2.1%**
New Jersey	10,893	12,315	11,571	11,859	12,010	12,513	2.8	2.9	2.7
New York	12,781	15,018	15,052	16,347	16,224	16,605	5.4	8.6	0.8
Pennsylvania	5,724	6,226	7,939	7,057	7,324	7,797	6.4	7.2	5.1
South Atlantic	**$5,685**	**$6,443**	**$6,822**	**$6,921**	**$7,216**	**$7,592**	**6.0%**	**6.8%**	**4.7%**
Delaware	7,566	10,497	10,957	11,341	11,342	11,498	8.7	14.4	0.7
District of Columbia	11,020	12,942	13,980	13,588	14,354	15,227	6.7	7.2	5.9
Florida	4,692	5,737	6,124	6,154	6,394	6,920	8.1	9.5	6.0
Georgia	5,308	5,582	5,408	5,681	6,229	6,638	4.6	2.3	8.1
Maryland	8,331	9,018	10,930	9,584	10,432	11,026	5.8	4.8	7.3
North Carolina	6,865	7,775	7,584	7,941	7,906	7,932	2.9	5.0	-0.1
South Carolina	5,084	5,566	6,302	6,248	6,710	7,244	7.3	7.1	7.7
Virginia	6,122	6,440	6,202	6,523	6,444	6,656	1.7	2.1	1.0
West Virginia	3,363	4,690	5,941	6,606	6,635	6,712	14.8	25.2	0.8
East South Central	**$3,461**	**$4,127**	**$4,387**	**$4,429**	**$4,138**	**$4,573**	**5.7%**	**8.6%**	**1.6%**
Alabama	2,889	3,809	3,960	4,105	4,322	4,798	10.7	12.4	8.1
Kentucky	4,265	5,229	5,315	5,371	5,446	5,571	5.5	8.0	1.9
Mississippi	2,430	2,755	3,186	3,627	4,055	4,423	12.7	14.3	10.4
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$5,902**	**$6,702**	**$7,029**	**$7,195**	**$7,547**	**$7,825**	**5.8%**	**6.8%**	**4.3%**
Arkansas	4,456	4,715	5,650	5,557	5,783	6,261	7.0	7.6	6.1
Louisiana	6,456	7,810	8,213	8,281	8,621	8,518	5.7	8.7	1.4
Oklahoma	6,250	7,098	7,343	7,759	6,686	7,138	2.7	7.5	-4.1
Texas	6,042	6,760	6,836	7,016	7,730	8,100	6.0	5.1	7.4
East North Central	**$7,425**	**$7,834**	**$8,778**	**$8,950**	**$8,862**	**$9,120**	**4.2%**	**6.4%**	**0.9%**
Illinois	6,884	6,380	8,763	9,419	9,055	9,540	6.7	11.0	0.6
Indiana (3)	10,368	11,058	13,166	12,650	12,189	11,293	1.7	6.9	-5.5
Michigan	7,545	8,765	7,925	7,757	8,293	8,701	2.9	0.9	5.9
Ohio	6,991	7,316	7,855	8,370	8,352	8,719	4.5	6.2	2.1
Wisconsin	7,135	8,010	8,994	8,648	8,482	8,353	3.2	6.6	-1.7
West North Central	**$8,362**	**$8,967**	**$9,294**	**$9,438**	**$9,825**	**$10,084**	**3.8%**	**4.1%**	**3.4%**
Iowa	7,327	8,062	8,587	9,048	9,358	9,445	5.2	7.3	2.2
Kansas	7,637	8,442	8,308	8,665	9,486	9,496	4.5	4.3	4.7
Minnesota	16,905	15,516	15,620	16,798	14,067	14,550	-3.0	-0.2	-6.9
Missouri	4,763	5,506	6,378	5,904	6,848	7,169	8.5	7.4	10.2
Nebraska	7,793	9,071	9,156	9,564	9,867	9,743	4.6	7.1	0.9
North Dakota	12,549	13,103	13,396	12,508	12,957	13,479	1.4	-0.1	3.8
South Dakota	8,558	9,182	9,335	9,874	10,320	10,654	4.5	4.9	3.9
Mountain	**$6,958**	**$7,376**	**$7,667**	**$8,102**	**$7,937**	**$8,723**	**4.6%**	**5.2%**	**3.8%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	8,481	9,050	9,422	10,258	9,771	9,041	1.3	6.5	-6.1
Idaho	7,703	8,857	9,160	8,793	8,478	8,461	1.9	4.5	-1.9
Montana	7,510	8,935	8,782	9,297	10,115	8,918	3.5	7.4	-2.1
Nevada	8,413	8,518	10,583	11,043	9,698	9,348	2.1	9.5	-8.0
New Mexico	5,432	6,061	5,388	6,495	7,626	8,488	9.3	6.1	14.3
Utah	13,264	12,771	12,304	10,884	10,375	10,387	-4.8	-6.4	-2.3
Wyoming	4,427	7,881	8,596	9,134	11,156	10,756	19.4	27.3	8.5
Pacific	**$5,535**	**$5,710**	**$5,758**	**$6,532**	**$6,698**	**$7,134**	**5.2%**	**5.7%**	**4.5%**
Alaska	13,345	11,543	11,250	11,354	12,708	13,009	-0.5	-5.2	7.0
California	5,140	5,162	5,153	5,962	6,168	6,572	5.0	5.1	5.0
Hawaii (2)	5,923	6,580	6,529	7,216	7,776	8,089	6.4	6.8	5.9
Oregon (2)	8,115	8,667	8,554	8,611	8,869	10,154	4.6	2.0	8.6
Washington	7,515	8,626	8,817	9,379	8,895	9,284	4.3	7.7	-0.5

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. The blind and disabled beneficiary group includes individuals who, regardless of age, qualify for Medicaid because of disability. States do not report payments to Medicare or managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) The expenditures for Massachusetts in this table likely overstate program costs in 1994 and 1995. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

Table 66

Medicaid Expenditures per Elderly Beneficiary, 1990-1995

	Expenditures per Beneficiary						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$7,239**	**$8,176**	**$8,774**	**$9,101**	**$9,437**	**$10,308**	**7.3%**	**7.9%**	**6.4%**
New England	**$12,638**	**$14,062**	**$14,439**	**$13,828**	**$15,125**	**$16,144**	**5.0%**	**3.0%**	**8.0%**
Connecticut	15,629	18,778	19,630	20,671	21,333	19,965	5.0	9.8	-1.7
Maine	9,186	11,297	12,030	12,169	12,931	13,129	7.4	9.8	3.9
Massachusetts (1)	13,396	13,995	13,868	12,108	14,131	16,202	3.9	-3.3	15.7
New Hampshire	18,646	18,674	17,517	17,619	18,546	13,470	-6.3	-1.9	-12.6
Rhode Island	8,295	10,517	12,546	12,963	13,165	14,925	12.5	16.0	7.3
Vermont	7,882	7,934	8,269	8,751	8,386	9,057	2.8	3.5	1.7
Middle Atlantic	**$12,770**	**$14,591**	**$16,371**	**$16,146**	**$16,900**	**$16,994**	**5.9%**	**8.1%**	**2.6%**
New Jersey	10,982	12,475	11,713	12,998	13,903	14,185	5.3	5.8	4.5
New York	14,843	17,182	18,002	18,304	18,386	18,745	4.8	7.2	1.2
Pennsylvania	8,466	9,364	15,011	12,650	14,907	14,628	11.6	14.3	7.5
South Atlantic	**$5,662**	**$6,587**	**$6,639**	**$7,100**	**$7,455**	**$7,890**	**6.9%**	**7.8%**	**5.4%**
Delaware	11,409	11,883	11,913	12,227	13,057	13,336	3.2	2.3	4.4
District of Columbia	12,416	13,815	14,378	18,842	23,715	23,611	13.7	14.9	11.9
Florida	5,425	6,251	6,604	7,221	7,495	8,313	8.9	10.0	7.3
Georgia	5,460	5,876	5,777	5,893	6,105	6,252	2.7	2.6	3.0
Maryland	8,462	9,699	10,771	10,651	11,528	12,330	7.8	8.0	7.6
North Carolina	4,693	5,621	5,666	6,144	6,495	6,899	8.0	9.4	6.0
South Carolina	4,167	5,657	4,685	4,880	5,446	5,819	6.9	5.4	9.2
Virginia	5,929	6,636	6,752	7,525	7,261	7,644	5.2	8.3	0.8
West Virginia	5,629	7,548	7,868	8,695	9,224	9,259	10.5	15.6	3.2
East South Central	**$3,860**	**$4,806**	**$5,446**	**$5,644**	**$5,411**	**$6,433**	**10.8%**	**13.5%**	**6.8%**
Alabama	3,394	4,438	5,496	5,584	6,236	6,984	15.5	18.1	11.8
Kentucky	4,702	5,593	6,053	6,505	7,305	7,835	10.8	11.4	9.7
Mississippi	3,560	4,345	5,052	4,929	5,335	6,004	11.0	11.5	10.4
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$4,428**	**$5,596**	**$5,796**	**$6,259**	**$6,480**	**$7,124**	**10.0%**	**12.2%**	**6.7%**
Arkansas	4,663	5,770	5,669	6,096	6,634	7,236	9.2	9.3	8.9
Louisiana	4,259	5,039	5,840	7,115	7,134	7,716	12.6	18.7	4.1
Oklahoma	4,510	5,712	5,801	6,206	6,424	6,889	8.8	11.2	5.4
Texas	4,423	5,743	5,805	6,017	6,259	6,957	9.5	10.8	7.5
East North Central	**$7,270**	**$7,868**	**$9,122**	**$10,129**	**$10,561**	**$11,777**	**10.1%**	**11.7%**	**7.8%**
Illinois	6,136	6,029	8,455	8,757	8,762	8,930	7.8	12.6	1.0
Indiana (3)	9,417	10,847	11,972	11,865	11,633	11,461	4.0	8.0	-1.7
Michigan	6,669	6,678	8,914	11,675	12,384	13,141	14.5	20.5	6.1
Ohio	6,833	7,620	7,893	8,991	9,570	12,316	12.5	9.6	17.0
Wisconsin	9,070	10,568	11,371	11,747	12,698	14,474	9.8	9.0	11.0
West North Central	**$7,767**	**$8,476**	**$9,666**	**$9,441**	**$10,597**	**$11,241**	**7.7%**	**6.7%**	**9.1%**
Iowa	6,054	7,351	7,636	8,216	8,843	8,761	7.7	10.7	3.3
Kansas	6,291	6,622	6,353	7,083	9,177	10,386	10.5	4.0	21.1
Minnesota	12,020	12,427	13,833	14,045	17,396	17,090	7.3	5.3	10.3
Missouri	6,218	6,797	9,104	7,290	7,636	8,715	7.0	5.4	9.3
Nebraska	7,319	8,578	9,473	10,242	10,861	11,447	9.4	11.9	5.7
North Dakota	7,822	8,731	9,240	9,881	10,450	11,832	8.6	8.1	9.4
South Dakota	7,245	8,181	9,129	9,832	11,144	12,134	10.9	10.7	11.1
Mountain	**$6,188**	**$6,327**	**$6,747**	**$7,418**	**$7,396**	**$9,792**	**9.6%**	**6.2%**	**14.9%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	7,536	7,608	7,957	7,167	7,494	9,179	4.0	-1.7	13.2
Idaho	7,097	8,171	8,256	8,721	8,988	9,700	6.4	7.1	5.5
Montana	9,091	9,533	10,307	12,555	12,099	15,490	11.2	11.4	11.1
Nevada	5,484	6,339	7,811	8,245	8,035	7,391	6.1	14.6	-5.3
New Mexico	5,510	6,554	5,652	6,527	7,133	7,743	7.0	5.8	8.9
Utah	3,626	2,433	4,539	8,705	9,762	10,714	24.2	33.9	10.9
Wyoming	9,945	9,310	12,027	12,226	9,691	8,673	-2.7	7.1	-15.8
Pacific	**$5,223**	**$5,593**	**$5,832**	**$6,460**	**$6,274**	**$7,240**	**6.7%**	**7.3%**	**5.9%**
Alaska	14,130	12,161	11,641	10,222	11,356	11,656	-3.8	-10.2	6.8
California	4,809	5,102	5,282	5,901	5,599	6,569	6.4	7.1	5.5
Hawaii (2)	6,993	8,086	8,302	8,459	10,011	9,349	6.0	6.5	5.1
Oregon (2)	5,792	6,480	7,312	7,797	7,590	8,484	7.9	10.4	4.3
Washington	8,091	8,879	9,415	10,296	10,553	11,433	7.2	8.4	5.4

Source: Urban Institute calculations based on data from HCFA-2082 and HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Elderly beneficiaries are people aged 65 and over. The elderly most likely includes disabled individuals who have spent down their assets to become Medicaid eligible and were not originally considered disabled. States do not report payments to Medicare or to managed care organizations by beneficiary group. In most states, payments to Medicare were distributed among the aged, blind, and disabled. Payments to MCOs were distributed among adults and children. The methodology used is described in Appendix C.

(1) The expenditures for Massachusetts in this table likely overstate program costs in 1994 and 1995. See Appendix C.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(3) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

Table 67

Total Medicaid Acute Care Expenditures, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$36,741**	**$46,809**	**$55,065**	**$65,041**	**$71,178**	**$79,439**	**16.7%**	**21.0%**	**10.5%**
New England	**$2,438**	**$2,982**	**$3,479**	**$3,593**	**$4,124**	**$4,919**	**15.1%**	**13.8%**	**17.0%**
Connecticut	383	487	612	695	811	994	21.0	22.0	19.6
Maine	189	246	263	344	403	401	16.2	22.1	7.9
Massachusetts	1,525	1,697	1,970	1,949	2,226	2,682	12.0	8.5	17.3
New Hampshire	68	152	160	152	179	215	26.0	31.0	18.7
Rhode Island	196	295	357	327	359	460	18.6	18.6	18.6
Vermont	76	106	117	125	147	167	17.0	17.8	15.8
Middle Atlantic	**$7,278**	**$9,630**	**$10,300**	**$12,482**	**$13,700**	**$15,537**	**16.4%**	**19.7%**	**11.6%**
New Jersey	1,115	1,476	1,669	1,975	1,938	2,155	14.1	21.0	4.4
New York	4,896	6,423	6,619	8,240	9,120	10,467	16.4	19.0	12.7
Pennsylvania	1,268	1,731	2,012	2,267	2,642	2,915	18.1	21.4	13.4
South Atlantic	**$5,685**	**$7,702**	**$9,160**	**$10,850**	**$11,970**	**$13,585**	**19.0%**	**24.0%**	**11.9%**
Delaware	53	94	115	138	155	189	28.9	37.7	16.9
District of Columbia	241	300	333	379	423	472	14.4	16.3	11.6
Florida	1,626	2,230	2,785	3,333	3,549	4,031	19.9	27.0	10.0
Georgia	1,036	1,300	1,480	1,741	2,110	2,278	17.1	18.9	14.4
Maryland	744	945	1,197	1,278	1,421	1,557	15.9	19.7	10.4
North Carolina	745	1,098	1,212	1,458	1,604	2,121	23.3	25.1	20.6
South Carolina	463	678	667	778	906	1,014	17.0	18.9	14.2
Virginia	544	684	781	979	1,022	1,146	16.1	21.6	8.2
West Virginia	233	371	590	767	780	777	27.3	48.8	0.7
East South Central	**$2,312**	**$3,154**	**$3,709**	**$4,173**	**$4,638**	**$5,792**	**20.2%**	**21.8%**	**17.8%**
Alabama	328	542	618	726	807	930	23.2	30.4	13.2
Kentucky	631	906	1,086	1,189	1,215	1,304	15.6	23.5	4.7
Mississippi	423	537	610	729	813	938	17.3	20.0	13.4
Tennessee (1)	931	1,170	1,394	1,529	1,803	2,620	23.0	18.0	30.9
West South Central	**$3,291**	**$4,577**	**$5,538**	**$6,508**	**$7,493**	**$8,104**	**19.7%**	**25.5%**	**11.6%**
Arkansas	321	400	525	571	574	669	15.8	21.2	8.3
Louisiana	751	1,105	1,350	1,585	1,770	1,825	19.4	28.3	7.3
Oklahoma	366	432	552	574	558	605	10.6	16.2	2.6
Texas	1,854	2,640	3,111	3,778	4,591	5,005	22.0	26.8	15.1
East North Central	**$6,186**	**$7,087**	**$9,005**	**$10,587**	**$11,082**	**$11,660**	**13.5%**	**19.6%**	**4.9%**
Illinois	1,334	1,313	2,275	2,933	3,152	3,642	22.2	30.0	11.4
Indiana (2)	809	910	1,269	1,700	1,419	1,062	5.6	28.1	-21.0
Michigan	1,625	2,043	2,152	2,357	2,769	2,942	12.6	13.2	11.7
Ohio	1,703	1,989	2,307	2,554	2,618	2,886	11.1	14.5	6.3
Wisconsin	715	832	1,003	1,042	1,124	1,128	9.6	13.4	4.0
West North Central	**$1,859**	**$2,360**	**$2,793**	**$3,168**	**$3,781**	**$4,042**	**16.8%**	**19.5%**	**12.9%**
Iowa	351	436	506	559	631	675	14.0	16.9	9.9
Kansas	201	259	286	346	407	426	16.1	19.8	10.9
Minnesota	524	633	699	833	1,095	1,176	17.5	16.7	18.8
Missouri	477	659	853	890	1,070	1,157	19.4	23.1	14.0
Nebraska	157	195	238	300	326	339	16.6	24.0	6.4
North Dakota	74	84	98	110	113	118	9.8	14.1	3.7
South Dakota	74	94	113	129	139	151	15.2	20.2	8.0
Mountain	**$1,262**	**$1,771**	**$2,547**	**$2,853**	**$3,152**	**$3,401**	**21.9%**	**31.2%**	**9.2%**
Arizona (1)	342	521	870	950	1,098	1,122	26.8	40.6	8.7
Colorado	255	371	494	576	589	680	21.7	31.3	8.6
Idaho	77	110	153	166	177	187	19.5	29.5	6.0
Montana	104	132	151	170	185	185	12.2	17.8	4.3
Nevada	92	121	205	222	221	266	23.6	34.0	9.5
New Mexico	184	232	325	374	454	500	22.1	26.7	15.6
Utah	165	224	279	316	345	376	17.9	24.1	9.1
Wyoming	44	59	72	79	82	85	14.4	21.9	3.9
Pacific	**$6,430**	**$7,545**	**$8,533**	**$10,826**	**$11,238**	**$12,399**	**14.0%**	**19.0%**	**7.0%**
Alaska	106	133	149	179	194	205	14.1	19.0	7.1
California	5,304	6,101	6,770	8,760	8,786	9,176	11.6	18.2	2.3
Hawaii (1)	119	149	160	214	274	555	36.1	21.6	61.1
Oregon (1)	249	322	405	504	639	915	29.7	26.5	34.7
Washington	652	841	1,049	1,169	1,345	1,548	18.9	21.5	15.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Acute care services include inpatient, physician, lab, X-ray, outpatient, clinic, prescription drugs, EPSDT, family planning, dental, vision, hospice, other practitioners' care, payments to managed care organizations, and payments to Medicare.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

(2) The expenditures for Indiana in this table likely overstate program costs in 1992, 1993, and 1994. See Appendix C.

Table 68
Medicaid Expenditures for Inpatient Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$15,981**	**$20,467**	**$22,245**	**$25,593**	**$25,862**	**$26,936**	**11.0%**	**17.0%**	**2.6%**
New England	**$1,178**	**$1,373**	**$1,494**	**$1,302**	**$1,321**	**$1,314**	**2.2%**	**3.4%**	**0.5%**
Connecticut	148	176	215	245	279	291	14.5	18.4	8.8
Maine	65	92	77	107	136	87	5.9	18.1	-10.1
Massachusetts	799	788	873	728	687	682	-3.1	-3.1	-3.2
New Hampshire	21	79	62	27	31	41	14.3	9.1	22.6
Rhode Island	122	202	234	163	155	183	8.4	10.0	6.1
Vermont	23	35	34	32	34	31	6.7	11.9	-0.8
Middle Atlantic	**$3,575**	**$4,965**	**$4,818**	**$5,516**	**$5,786**	**$6,226**	**11.7%**	**15.6%**	**6.2%**
New Jersey	620	851	949	974	888	875	7.1	16.3	-5.2
New York	2,464	3,370	3,080	3,752	4,096	4,563	13.1	15.0	10.3
Pennsylvania	491	744	789	790	801	788	9.9	17.2	-0.1
South Atlantic	**$2,625**	**$3,455**	**$3,608**	**$4,077**	**$4,252**	**$4,494**	**11.3%**	**15.8%**	**5.0%**
Delaware	29	53	53	55	56	61	15.6	22.9	5.4
District of Columbia	135	170	181	214	234	214	9.7	16.7	0.0
Florida	784	890	1,012	1,109	1,033	1,071	6.4	12.3	-1.8
Georgia	420	551	583	682	799	763	12.7	17.6	5.8
Maryland	379	465	519	626	647	669	12.1	18.2	3.4
North Carolina	327	536	504	557	570	765	18.5	19.4	17.1
South Carolina	212	346	268	294	331	361	11.2	11.5	10.8
Virginia	226	270	285	357	362	397	11.9	16.4	5.5
West Virginia	113	173	204	182	219	193	11.2	17.1	2.8
East South Central (1)	**$890**	**$1,265**	**$1,270**	**$1,387**	**$1,304**	**$1,304**	**7.9%**	**15.9%**	**-3.0%**
Alabama	87	223	203	238	255	303	28.4	40.1	12.7
Kentucky	253	373	332	342	316	368	7.8	10.6	3.7
Mississippi	162	211	206	262	280	314	14.2	17.4	9.6
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$1,394**	**$1,750**	**$2,227**	**$2,712**	**$3,018**	**$3,138**	**17.6%**	**24.8%**	**7.6%**
Arkansas	129	151	185	208	181	196	8.7	17.4	-3.1
Louisiana	308	501	605	675	731	761	19.8	29.9	6.2
Oklahoma	178	205	253	237	198	193	1.7	10.1	-9.7
Texas	780	893	1,184	1,592	1,907	1,988	20.6	26.9	11.7
East North Central	**$2,478**	**$2,981**	**$3,617**	**$4,276**	**$4,320**	**$4,463**	**12.5%**	**19.9%**	**2.2%**
Illinois	612	631	1,133	1,692	1,765	1,859	24.9	40.4	4.8
Indiana	275	336	464	480	389	386	7.0	20.5	-10.3
Michigan	635	899	816	811	862	903	7.3	8.5	5.5
Ohio	796	913	966	1,047	1,029	1,041	5.5	9.6	-0.3
Wisconsin	161	202	239	246	276	274	11.3	15.2	5.6
West North Central	**$723**	**$896**	**$1,036**	**$1,104**	**$1,148**	**$1,190**	**10.5%**	**15.2%**	**3.9%**
Iowa	124	151	175	199	203	184	8.2	17.1	-3.9
Kansas	79	107	113	137	152	160	15.2	20.4	7.9
Minnesota	207	207	214	238	199	263	4.9	4.7	5.2
Missouri	187	288	367	316	369	367	14.4	19.0	7.8
Nebraska	57	64	75	113	125	116	15.3	25.7	1.2
North Dakota	32	35	41	45	44	43	5.9	12.2	-3.0
South Dakota	36	44	49	54	55	57	9.8	14.9	2.5
Mountain (1)	**$368**	**$521**	**$867**	**$851**	**$876**	**$885**	**19.2%**	**32.3%**	**1.9%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	83	137	223	267	246	245	24.3	47.8	-4.1
Idaho	29	42	54	57	58	56	13.9	24.7	-0.7
Montana	40	44	50	50	55	51	5.2	8.2	0.8
Nevada	42	58	94	95	95	110	21.2	31.0	7.8
New Mexico	81	99	131	141	156	166	15.3	20.3	8.3
Utah	69	99	116	124	130	120	11.8	21.6	-1.3
Wyoming	19	26	32	33	32	33	11.4	20.1	-0.5
Pacific	**$2,750**	**$3,261**	**$3,307**	**$4,367**	**$3,837**	**$3,921**	**7.3%**	**16.7%**	**-5.2%**
Alaska	44	48	48	52	57	57	5.0	5.6	4.1
California	2,363	2,804	2,768	3,775	3,272	3,364	7.3	16.9	-5.6
Hawaii (2)	46	58	50	86	90	94	15.3	23.2	4.3
Oregon (2)	73	85	111	127	98	129	12.0	20.0	1.0
Washington	224	265	329	327	320	277	4.4	13.4	-7.9

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 69

Medicaid Expenditures for Physician, Lab, and X-Ray Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$4,720**	**$5,945**	**$7,373**	**$8,110**	**$8,297**	**$8,460**	**12.4%**	**19.8%**	**2.1%**
New England	**$194**	**$248**	**$299**	**$317**	**$343**	**$367**	**13.6%**	**17.8%**	**7.6%**
Connecticut	29	36	49	60	67	78	22.3	28.1	14.1
Maine	20	27	33	35	35	33	10.4	20.1	-2.8
Massachusetts	121	153	178	179	181	202	10.9	14.0	6.3
New Hampshire	5	9	12	16	18	21	31.4	42.6	16.3
Rhode Island	9	9	10	9	24	13	8.8	1.8	20.4
Vermont	10	14	16	18	18	19	13.3	21.6	2.0
Middle Atlantic	**$445**	**$495**	**$513**	**$630**	**$691**	**$772**	**11.7%**	**12.3%**	**10.8%**
New Jersey	74	85	88	114	116	140	13.6	15.4	10.8
New York	252	271	256	325	368	383	8.8	8.9	8.6
Pennsylvania	119	138	168	191	207	249	16.0	17.1	14.3
South Atlantic	**$902**	**$1,250**	**$1,662**	**$1,876**	**$1,963**	**$2,113**	**18.6%**	**27.6%**	**6.1%**
Delaware	7	11	10	15	18	18	19.6	26.7	9.7
District of Columbia	24	27	25	27	27	28	3.3	3.8	2.6
Florida	220	338	430	499	470	476	16.7	31.4	-2.3
Georgia	201	239	325	368	430	514	20.6	22.2	18.2
Maryland	99	154	252	190	208	224	17.8	24.3	8.7
North Carolina	139	188	231	288	309	357	20.7	27.4	11.4
South Carolina	76	98	114	121	127	134	12.0	16.9	5.1
Virginia	106	148	183	217	227	228	16.7	27.1	2.6
West Virginia	31	47	91	153	147	135	34.6	71.1	-6.1
East South Central (1)	**$448**	**$583**	**$751**	**$836**	**$696**	**$578**	**5.2%**	**23.1%**	**-16.8%**
Alabama	59	77	99	119	129	130	17.1	26.2	4.7
Kentucky	118	166	254	276	270	239	15.1	32.6	-6.9
Mississippi	87	105	120	129	158	182	15.8	13.9	18.8
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$677**	**$925**	**$1,084**	**$1,121**	**$1,266**	**$1,331**	**14.5%**	**18.3%**	**9.0%**
Arkansas	61	74	109	116	112	121	14.6	23.7	2.1
Louisiana	134	201	244	285	308	302	17.7	28.7	2.8
Oklahoma	64	67	89	92	85	88	6.6	13.0	-2.2
Texas	419	583	641	629	760	821	14.4	14.5	14.3
East North Central	**$761**	**$802**	**$1,071**	**$1,137**	**$1,151**	**$1,141**	**8.5%**	**14.4%**	**0.2%**
Illinois	188	163	281	278	295	319	11.2	13.9	7.2
Indiana	114	129	189	201	188	157	6.6	21.0	-11.8
Michigan	208	227	263	283	279	274	5.7	10.7	-1.5
Ohio	202	228	277	308	318	327	10.2	15.1	3.2
Wisconsin	49	55	61	68	71	63	5.3	11.5	-3.3
West North Central	**$201**	**$328**	**$370**	**$401**	**$370**	**$401**	**14.8%**	**25.9%**	**0.0%**
Iowa	60	68	82	78	73	73	4.1	9.2	-3.2
Kansas	34	42	51	58	61	56	10.8	20.3	-2.0
Minnesota	13	95	95	120	86	122	56.0	108.8	0.7
Missouri	41	56	61	53	60	58	7.3	9.1	4.6
Nebraska	31	40	47	54	51	52	11.1	20.5	-1.6
North Dakota	11	13	14	17	15	16	7.4	14.3	-2.2
South Dakota	12	15	19	21	23	24	15.6	22.3	6.2
Mountain (1)	**$170**	**$227**	**$313**	**$347**	**$353**	**$358**	**16.0%**	**26.9%**	**1.5%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	46	66	76	85	83	85	13.0	22.2	0.5
Idaho	14	22	29	32	36	35	21.0	32.7	5.4
Montana	16	20	26	30	26	22	5.9	22.6	-15.0
Nevada	19	22	46	48	39	43	17.1	35.4	-5.9
New Mexico	38	49	66	72	80	79	15.8	23.7	4.8
Utah	27	33	40	45	46	44	10.3	18.9	-1.4
Wyoming	9	12	15	16	20	19	15.9	19.5	10.7
Pacific	**$923**	**$1,087**	**$1,310**	**$1,444**	**$1,465**	**$1,398**	**8.7%**	**16.1%**	**-1.6%**
Alaska	23	33	37	44	45	46	14.4	23.6	1.9
California	735	828	994	1,086	1,112	1,115	8.7	13.9	1.3
Hawaii (2)	27	33	38	39	43	31	3.0	13.4	-10.8
Oregon (2)	36	50	64	72	79	64	12.4	26.7	-6.1
Washington	102	144	177	203	186	143	7.0	25.7	-16.0

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration See Appendix C.

Table 70

Medicaid Expenditures for Outpatient and Clinic Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$4,731**	**$6,061**	**$7,969**	**$9,333**	**$9,910**	**$10,723**	**17.8%**	**25.4%**	**7.2%**
New England	**$386**	**$504**	**$588**	**$556**	**$583**	**$719**	**13.3%**	**13.0%**	**13.7%**
Connecticut	73	98	114	131	142	163	17.5	21.9	11.2
Maine	28	33	42	53	71	95	27.6	23.9	33.4
Massachusetts	239	304	334	261	255	322	6.1	2.9	11.2
New Hampshire	15	25	38	48	54	68	34.9	46.5	19.1
Rhode Island	17	25	36	41	36	39	18.2	33.7	-1.6
Vermont	13	19	22	22	25	32	18.8	18.3	19.7
Middle Atlantic	**$1,194**	**$1,622**	**$2,119**	**$2,489**	**$2,513**	**$2,691**	**17.6%**	**27.7%**	**4.0%**
New Jersey	155	221	269	417	428	469	24.8	39.1	6.0
New York	930	1,276	1,665	1,837	1,817	1,939	15.8	25.5	2.7
Pennsylvania	109	125	186	235	268	282	20.9	29.0	9.7
South Atlantic	**$673**	**$944**	**$1,291**	**$1,570**	**$1,658**	**$1,895**	**23.0%**	**32.6%**	**9.9%**
Delaware	7	13	19	24	26	43	43.2	49.4	34.4
District of Columbia	45	56	64	67	71	83	12.8	14.0	11.1
Florida	136	205	312	400	399	445	26.8	43.4	5.5
Georgia	142	185	209	248	295	332	18.5	20.5	15.6
Maryland	80	101	131	143	158	173	16.7	21.3	10.1
North Carolina	99	148	201	248	283	365	29.9	36.0	21.2
South Carolina	51	77	95	122	146	177	28.2	33.6	20.6
Virginia	76	96	115	139	146	149	14.6	22.4	3.8
West Virginia	37	63	144	179	134	127	28.1	69.3	-15.7
East South Central (1)	**$344**	**$472**	**$615**	**$708**	**$605**	**$587**	**11.3%**	**27.2%**	**-8.9%**
Alabama	20	35	51	68	81	102	37.9	48.9	22.9
Kentucky	122	161	223	248	271	307	20.2	26.5	11.2
Mississippi	54	79	95	105	132	159	24.1	24.8	23.0
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$326**	**$461**	**$586**	**$696**	**$839**	**$952**	**23.9%**	**28.8%**	**17.0%**
Arkansas	33	50	78	88	101	122	30.0	39.1	17.4
Louisiana	84	102	135	178	215	253	24.7	28.5	19.2
Oklahoma	32	42	55	72	80	95	24.5	31.0	15.3
Texas	177	267	318	358	442	483	22.2	26.5	16.1
East North Central	**$795**	**$914**	**$1,279**	**$1,463**	**$1,686**	**$1,723**	**16.7%**	**22.5%**	**8.5%**
Illinois	102	90	177	212	219	301	24.2	27.6	19.3
Indiana	101	139	222	253	230	127	4.7	35.9	-29.2
Michigan	291	320	387	447	650	661	17.8	15.4	21.5
Ohio	213	262	366	414	440	486	18.0	24.8	8.4
Wisconsin	88	101	127	136	148	147	10.9	15.8	4.0
West North Central	**$252**	**$238**	**$326**	**$389**	**$435**	**$463**	**12.9%**	**15.5%**	**9.0%**
Iowa	37	47	62	65	69	72	14.0	20.2	5.5
Kansas	18	20	26	41	62	48	21.9	31.9	8.3
Minnesota	101	46	55	69	56	73	-6.3	-11.8	2.5
Missouri	61	79	121	138	165	185	24.7	31.1	15.7
Nebraska	13	18	27	35	40	43	27.2	38.6	11.8
North Dakota	11	13	17	20	20	16	8.5	23.4	-10.5
South Dakota	11	14	18	21	22	26	18.1	24.4	9.2
Mountain (1)	**$141**	**$191**	**$257**	**$304**	**$353**	**$424**	**24.6%**	**29.0%**	**18.1%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	49	68	83	98	103	125	20.5	25.7	13.1
Idaho	9	13	19	22	19	22	20.1	35.9	-0.1
Montana	12	21	25	28	37	38	25.1	32.1	15.3
Nevada	7	10	18	19	20	22	25.5	39.6	7.0
New Mexico	21	29	46	56	73	85	32.5	39.3	22.9
Utah	25	34	48	57	64	71	23.0	31.7	11.0
Wyoming	6	8	9	11	13	15	18.8	19.7	17.5
Pacific	**$620**	**$715**	**$908**	**$1,158**	**$1,239**	**$1,270**	**15.4%**	**23.2%**	**4.7%**
Alaska	16	21	25	35	44	53	26.7	28.9	23.4
California	423	481	608	810	858	860	15.2	24.2	3.1
Hawaii (2)	10	14	20	27	29	26	21.2	40.0	-2.3
Oregon (2)	42	34	37	41	47	36	-3.0	-0.3	-6.9
Washington	129	165	217	245	260	295	18.0	23.8	9.8

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 71

Medicaid Expenditures for Prescription Drugs, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$4,587**	**$5,512**	**$6,217**	**$6,910**	**$7,514**	**$8,445**	**13.0%**	**14.6%**	**10.5%**
New England	**$259**	**$317**	**$365**	**$358**	**$429**	**$522**	**15.1%**	**11.5%**	**20.7%**
Connecticut	52	67	76	87	100	116	17.3	18.5	15.4
Maine	31	38	41	43	52	60	14.3	11.3	18.9
Massachusetts	128	154	187	160	196	252	14.6	7.8	25.5
New Hampshire	11	15	17	21	23	30	21.5	22.6	19.9
Rhode Island	21	26	26	28	34	38	12.0	9.7	15.5
Vermont	15	17	17	19	24	26	12.0	9.4	16.1
Middle Atlantic	**$946**	**$1,111**	**$1,126**	**$1,255**	**$1,423**	**$1,618**	**11.3%**	**9.9%**	**13.5%**
New Jersey	164	200	215	251	242	296	12.6	15.4	8.6
New York	550	632	613	672	762	857	9.3	6.9	12.9
Pennsylvania	232	280	298	331	418	465	14.9	12.6	18.4
South Atlantic	**$730**	**$874**	**$971**	**$1,131**	**$1,259**	**$1,466**	**15.0%**	**15.7%**	**13.9%**
Delaware	6	10	10	12	16	17	22.9	26.5	17.7
District of Columbia	15	17	19	20	23	24	10.7	11.3	9.7
Florida	221	261	310	342	380	436	14.5	15.6	13.0
Georgia	142	162	166	188	213	246	11.6	9.9	14.2
Maryland	69	79	88	93	105	117	11.1	10.4	12.2
North Carolina	106	127	135	158	176	236	17.3	14.2	22.1
South Carolina	60	73	76	88	106	115	13.9	13.7	14.2
Virginia	84	101	110	155	153	166	14.6	22.6	3.6
West Virginia	27	44	56	75	88	110	32.4	40.4	21.2
East South Central (1)	**$315**	**$408**	**$525**	**$584**	**$482**	**$494**	**9.4%**	**22.9%**	**-8.0%**
Alabama	61	75	99	122	140	155	20.4	25.7	12.9
Kentucky	67	111	143	163	178	203	24.9	34.7	11.4
Mississippi	72	85	112	107	124	137	13.8	14.4	12.9
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$424**	**$528**	**$605**	**$694**	**$813**	**$891**	**16.0%**	**17.8%**	**13.3%**
Arkansas	58	66	65	63	68	82	7.2	2.6	14.4
Louisiana	120	158	176	193	221	243	15.2	17.2	12.3
Oklahoma	46	57	65	75	78	88	13.8	17.8	8.2
Texas	201	246	299	363	446	478	19.0	21.9	14.7
East North Central	**$794**	**$902**	**$1,062**	**$1,093**	**$1,179**	**$1,370**	**11.5%**	**11.2%**	**12.0%**
Illinois	182	167	277	282	269	379	15.8	15.7	15.9
Indiana	114	139	176	168	193	191	10.9	13.9	6.5
Michigan	182	216	203	199	240	254	6.9	3.1	13.0
Ohio	214	261	278	306	324	388	12.7	12.7	12.6
Wisconsin	103	119	127	138	154	158	9.0	10.2	7.1
West North Central	**$277**	**$339**	**$383**	**$431**	**$478**	**$549**	**14.7%**	**15.9%**	**12.9%**
Iowa	55	65	68	67	77	85	9.1	7.2	12.0
Kansas	30	36	41	50	58	66	17.1	19.0	14.2
Minnesota	69	77	73	83	70	92	5.9	6.7	4.8
Missouri	78	103	135	163	195	220	23.1	28.2	15.9
Nebraska	27	34	42	40	48	53	14.6	14.3	15.2
North Dakota	10	11	11	13	15	16	10.0	8.2	12.8
South Dakota	9	11	12	13	16	18	14.2	13.1	15.8
Mountain (1)	**$110**	**$139**	**$153**	**$166**	**$200**	**$223**	**15.2%**	**14.8%**	**15.7%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	35	44	44	50	58	64	12.7	12.2	13.4
Idaho	12	15	18	20	24	28	18.8	19.4	17.9
Montana	12	17	17	20	22	26	17.1	18.1	15.7
Nevada	8	11	12	13	14	17	15.6	14.7	17.0
New Mexico	21	25	29	29	37	40	13.4	11.1	16.9
Utah	16	20	24	27	34	36	17.1	18.3	15.2
Wyoming	5	7	7	7	9	10	13.2	11.4	15.9
Pacific	**$732**	**$894**	**$1,029**	**$1,197**	**$1,250**	**$1,311**	**12.4%**	**17.8%**	**4.7%**
Alaska	6	8	10	12	14	16	22.5	29.4	12.9
California	592	712	822	987	997	1,058	12.3	18.6	3.5
Hawaii (2)	15	19	20	23	28	27	12.5	14.5	9.5
Oregon (2)	37	48	54	58	74	65	11.8	16.0	5.7
Washington	82	107	124	117	138	145	12.3	12.8	11.4

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 72

Medicaid Expenditures for Other Acute Care Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$3,352**	**$4,437**	**$5,758**	**$7,576**	**$9,416**	**$11,116**	**27.1%**	**31.2%**	**21.1%**
New England	**$234**	**$267**	**$395**	**$532**	**$821**	**$1,179**	**38.2%**	**31.6%**	**48.8%**
Connecticut	39	51	88	83	120	221	41.7	29.1	63.0
Maine	25	30	39	79	68	81	26.8	47.1	1.4
Massachusetts	125	127	183	242	461	671	39.9	24.5	66.5
New Hampshire	9	16	20	24	33	32	30.1	40.0	16.6
Rhode Island	23	26	42	76	99	122	39.7	49.3	26.4
Vermont	13	18	23	28	40	52	31.3	28.6	35.6
Middle Atlantic	**$722**	**$909**	**$1,014**	**$1,585**	**$1,863**	**$2,313**	**26.2%**	**30.0%**	**20.8%**
New Jersey	72	85	99	139	144	160	17.1	24.2	7.2
New York	544	689	756	1,255	1,473	1,763	26.5	32.1	18.5
Pennsylvania	105	135	159	192	246	390	29.9	22.0	42.6
South Atlantic	**$389**	**$518**	**$777**	**$1,087**	**$1,359**	**$1,711**	**34.5%**	**40.9%**	**25.5%**
Delaware	2	6	21	29	35	40	88.9	160.4	16.7
District of Columbia	8	10	15	19	21	25	24.5	32.4	13.6
Florida	116	174	266	362	433	547	36.4	46.2	23.0
Georgia	98	96	124	172	278	317	26.5	20.6	36.0
Maryland	42	52	62	46	48	66	9.6	3.2	20.0
North Carolina	41	58	75	117	153	261	44.8	41.8	49.3
South Carolina	40	58	83	115	146	170	33.2	41.7	21.4
Virginia	32	44	59	76	83	103	26.7	33.7	16.9
West Virginia	10	21	71	152	162	181	77.4	144.8	9.4
East South Central (1)	**$148**	**$222**	**$294**	**$371**	**$366**	**$725**	**37.5%**	**35.9%**	**39.9%**
Alabama	42	68	90	127	135	164	31.6	45.0	13.8
Kentucky	43	67	101	117	125	122	23.3	39.8	2.1
Mississippi	17	27	32	45	50	62	29.6	38.3	17.5
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$269**	**$692**	**$782**	**$973**	**$1,147**	**$1,314**	**37.3%**	**53.4%**	**16.2%**
Arkansas	16	25	50	53	66	96	43.2	49.4	34.4
Louisiana	65	101	144	198	225	186	23.4	44.8	-2.9
Oklahoma	21	32	53	60	73	91	34.3	42.5	22.9
Texas	168	535	534	662	784	941	41.2	58.1	19.2
East North Central	**$578**	**$631**	**$930**	**$971**	**$1,115**	**$1,230**	**16.3%**	**18.9%**	**12.6%**
Illinois	108	105	196	231	323	458	33.4	28.7	40.8
Indiana	81	82	170	131	167	161	14.6	17.3	10.7
Michigan	127	173	203	239	250	254	14.9	23.4	-3.2
Ohio	128	132	146	174	201	223	11.8	10.6	13.5
Wisconsin	133	139	215	196	174	134	0.1	13.8	-17.5
West North Central	**$201**	**$270**	**$307**	**$370**	**$821**	**$681**	**27.6%**	**22.5%**	**35.6%**
Iowa	42	53	59	67	101	113	22.0	17.3	29.4
Kansas	27	35	34	36	44	59	16.4	9.9	26.9
Minnesota	79	111	100	113	477	279	28.7	12.7	56.9
Missouri	24	33	65	94	134	152	44.9	58.0	27.2
Nebraska	18	23	26	35	36	38	16.8	26.0	4.2
North Dakota	8	10	13	12	16	24	23.0	13.2	39.3
South Dakota	4	5	9	12	15	17	37.2	50.8	19.1
Mountain (1)	**$92**	**$134**	**$235**	**$277**	**$313**	**$368**	**31.9%**	**44.3%**	**15.3%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	22	32	41	45	46	52	18.4	26.5	7.1
Idaho	11	16	28	32	34	39	28.8	42.9	10.3
Montana	18	20	24	31	33	34	13.5	19.7	4.8
Nevada	10	12	22	27	30	45	35.0	39.2	29.1
New Mexico	17	23	44	66	92	112	46.5	58.3	30.4
Utah	11	15	19	24	33	39	27.6	27.8	27.2
Wyoming	3	4	5	7	5	5	14.7	38.3	-13.3
Pacific	**$720**	**$793**	**$1,025**	**$1,411**	**$1,610**	**$1,596**	**17.3%**	**25.2%**	**6.4%**
Alaska	15	21	27	32	29	29	14.0	29.0	-5.2
California	575	566	743	1,037	1,197	1,148	14.8	21.7	5.2
Hawaii (2)	15	18	21	24	26	31	16.2	16.6	15.5
Oregon (2)	26	59	79	127	156	161	43.9	69.5	12.5
Washington	88	129	155	190	202	227	20.7	29.1	9.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

"Other acute care" includes case management, family planning, dental, EPSDT, vision, other practitioners' care, and all other unspecified acute care services.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR; TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 73

Medicaid Payments to Medicare, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$1,432,300**	**$2,004,952**	**$2,337,359**	**$2,807,565**	**$3,375,651**	**$3,854,827**	**21.9%**	**25.2%**	**17.2%**
New England	**$131,355**	**$184,430**	**$162,917**	**$201,660**	**$256,537**	**$285,654**	**16.8%**	**15.4%**	**19.0%**
Connecticut	42,838	58,163	69,657	87,638	102,096	125,175	23.9	26.9	19.5
Maine	18,411	20,423	21,176	21,689	31,144	35,915	14.3	5.6	28.7
Massachusetts	59,079	90,290	53,043	69,873	96,748	95,745	10.1	5.8	17.1
New Hampshire	4,983	6,050	7,217	8,308	10,005	9,596	14.0	18.6	7.5
Rhode Island	3,621	6,650	7,371	8,730	10,103	11,553	26.1	34.1	15.0
Vermont	2,423	2,855	4,452	5,421	6,441	7,671	25.9	30.8	19.0
Middle Atlantic	**$179,047**	**$222,574**	**$239,128**	**$286,620**	**$366,982**	**$393,611**	**17.1%**	**17.0%**	**17.2%**
New Jersey	28,804	30,538	29,075	47,988	73,581	82,786	23.5	18.5	31.3
New York	105,775	109,307	121,101	141,854	169,303	185,251	11.9	10.3	14.3
Pennsylvania	44,467	82,729	88,952	96,778	124,097	125,574	23.1	29.6	13.9
South Atlantic	**$226,429**	**$431,436**	**$466,945**	**$567,862**	**$681,260**	**$796,782**	**28.6%**	**35.9%**	**18.5%**
Delaware	1,438	1,649	1,965	3,602	4,404	5,477	30.7	35.8	23.3
District of Columbia	3,540	6,466	7,650	6,938	8,526	16,795	36.5	25.1	55.6
Florida	85,507	225,818	212,798	252,275	290,306	333,544	31.3	43.4	15.0
Georgia	33,100	66,499	73,260	83,736	95,092	106,669	26.4	36.3	12.9
Maryland	16,943	17,737	29,666	39,007	47,663	54,908	26.5	32.0	18.6
North Carolina	31,947	38,944	58,765	83,896	105,127	129,476	32.3	38.0	24.2
South Carolina	22,661	26,517	30,363	36,541	49,489	56,435	20.0	17.3	24.3
Virginia	21,194	24,836	28,904	35,788	50,266	61,928	23.9	19.1	31.5
West Virginia	10,099	22,969	23,573	26,078	30,389	31,549	25.6	37.2	10.0
East South Central	**$149,997**	**$190,600**	**$221,909**	**$255,561**	**$287,517**	**$333,580**	**17.3%**	**19.4%**	**14.2%**
Alabama	55,023	63,846	68,579	52,308	66,446	75,474	6.5	-1.7	20.1
Kentucky	26,530	28,528	33,157	42,106	55,700	64,842	19.6	16.6	24.1
Mississippi	27,149	30,574	46,180	80,942	70,035	83,535	25.2	43.9	1.6
Tennessee (1)	41,295	67,652	73,993	80,205	95,336	109,729	21.6	24.8	17.0
West South Central	**$151,163**	**$219,853**	**$254,543**	**$312,189**	**$411,796**	**$476,757**	**25.8%**	**27.3%**	**23.6%**
Arkansas	21,795	33,458	37,118	42,461	46,557	53,338	19.6	24.9	12.1
Louisiana	31,912	40,940	46,783	56,028	68,993	79,831	20.1	20.6	19.4
Oklahoma	17,872	29,158	36,375	38,901	44,410	49,393	22.5	29.6	12.7
Texas	79,584	116,298	134,267	174,799	251,836	294,194	29.9	30.0	29.7
East North Central	**$181,696**	**$263,216**	**$399,836**	**$419,715**	**$430,002**	**$524,940**	**23.6%**	**32.2%**	**11.8%**
Illinois	63,779	61,200	101,554	117,958	137,938	169,760	21.6	22.7	20.0
Indiana	5,368	15,279	21,731	25,290	30,109	34,155	44.8	67.6	16.2
Michigan	52,001	85,086	146,013	71,681	85,457	106,052	15.3	11.3	21.6
Ohio	0	25,115	43,686	104,652	62,083	89,258	n/a	n/a	-7.6
Wisconsin	60,549	76,536	86,852	100,134	114,416	125,716	15.7	18.3	12.0
West North Central	**$146,599**	**$190,790**	**$212,218**	**$261,720**	**$327,097**	**$309,553**	**16.1%**	**21.3%**	**8.8%**
Iowa	32,710	50,629	58,625	80,863	105,887	65,697	15.0	35.2	-9.9
Kansas	13,910	18,807	20,731	23,057	30,426	37,438	21.9	18.3	27.4
Minnesota	13,992	17,186	23,747	26,139	31,889	18,107	5.3	23.2	-16.8
Missouri	69,784	81,697	81,976	99,304	122,602	146,689	16.0	12.5	21.5
Nebraska	12,135	15,749	19,420	22,820	25,420	29,169	19.2	23.4	13.1
North Dakota	1,485	1,706	2,085	2,585	2,718	3,167	16.4	20.3	10.7
South Dakota	2,585	5,015	5,634	6,952	8,155	9,287	29.1	39.1	15.6
Mountain	**$50,401**	**$51,278**	**$69,189**	**$77,732**	**$95,058**	**$117,784**	**18.5%**	**15.5%**	**23.1%**
Arizona (1)	8,134	10,676	17,281	16,573	20,706	25,474	25.6	26.8	24.0
Colorado	9,275	10,857	12,485	15,448	19,738	23,210	20.1	18.5	22.6
Idaho	2,337	3,117	4,353	4,304	5,370	7,301	25.6	22.6	30.2
Montana	4,073	7,086	8,602	10,360	11,795	13,600	27.3	36.5	14.6
Nevada	2,743	4,253	4,978	6,228	7,217	9,770	28.9	31.4	25.2
New Mexico	6,300	7,238	8,667	9,836	15,162	18,806	24.4	16.0	38.3
Utah	16,700	5,324	8,767	10,185	12,447	16,662	0.0	-15.2	27.9
Wyoming	839	2,727	4,056	4,798	2,622	2,961	28.7	78.8	-21.4
Pacific	**$215,613**	**$250,775**	**$310,675**	**$424,506**	**$519,402**	**$616,166**	**23.4%**	**25.3%**	**20.5%**
Alaska	1,394	2,353	2,309	2,909	3,884	4,826	28.2	27.8	28.8
California	192,606	223,491	272,491	353,271	443,332	529,759	22.4	22.4	22.5
Hawaii (1)	2,397	3,677	5,983	9,085	16,954	19,536	52.1	55.9	46.6
Oregon (1)	7,931	8,917	10,104	14,442	20,713	20,727	21.2	22.1	19.8
Washington	11,285	12,337	19,787	44,799	34,520	41,318	29.6	58.3	-4.0

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

Payments to Medicare were distributed among the aged, blind, and disabled as described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 74

Medicaid Payments to Managed Care Organizations, 1990-1995

	Expenditures (thousands)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$1,937,480**	**$2,381,951**	**$3,164,367**	**$4,710,482**	**$6,803,636**	**$9,902,698**	**38.6%**	**34.5%**	**45.0%**
New England	**$56,455**	**$88,199**	**$175,490**	**$324,469**	**$370,549**	**$530,509**	**56.5%**	**79.1%**	**27.9%**
Connecticut	42	0	0	0	0	14	-20.0	n/a	n/a
Maine	1,301	5,803	9,899	4,959	10,348	7,983	43.7	56.2	26.9
Massachusetts	53,806	80,116	161,168	309,672	347,622	456,810	53.4	79.2	21.5
New Hampshire	969	1,214	3,652	8,194	10,436	12,214	66.0	103.7	22.1
Rhode Island	337	1,066	771	1,645	2,144	53,488	175.5	69.6	470.2
Vermont	0	0	0	0	0	0	n/a	n/a	n/a
Middle Atlantic	**$218,211**	**$305,675**	**$471,146**	**$720,314**	**$1,057,252**	**$1,523,642**	**47.5%**	**48.9%**	**45.4%**
New Jersey	904	2,738	20,563	31,465	45,057	131,623	170.8	226.5	104.5
New York	50,400	76,127	127,055	256,666	434,841	777,031	72.8	72.0	74.0
Pennsylvania	166,907	226,810	323,528	432,182	577,354	614,988	29.8	37.3	19.3
South Atlantic	**$139,617**	**$229,587**	**$384,360**	**$541,898**	**$797,916**	**$1,109,914**	**51.4%**	**57.2%**	**43.1%**
Delaware	0	0	0	0	609	5,192	n/a	n/a	n/a
District of Columbia	10,609	14,809	21,197	24,959	37,661	81,148	50.2	33.0	80.3
Florida	64,735	135,242	242,421	369,260	544,374	721,957	62.0	78.7	39.8
Georgia	242	0	0	< 1	39	319	5.7	-95.6	> 1,000.0
Maryland	59,122	77,264	114,789	141,706	206,805	253,094	33.8	33.8	33.6
North Carolina	654	2,271	5,953	5,920	8,313	8,616	67.5	108.4	20.6
South Carolina	0	0	0	50	100	90	n/a	n/a	34.6
Virginia	0	0	0	3	15	39,496	n/a	n/a	> 1,000.0
West Virginia	4,255	0	0	0	0	2	-78.8	n/a	n/a
East South Central	**$17,059**	**$14,164**	**$32,042**	**$31,384**	**$897,535**	**$1,769,927**	**153.0%**	**22.5%**	**651.0%**
Alabama	3,472	250	8,277	534	527	672	-28.0	-46.4	12.2
Kentucky	216	< 1	0	2	36	54	-24.1	-80.2	470.7
Mississippi	3,555	0	0	0	0	0	n/a	n/a	n/a
Tennessee (1)	9,816	13,914	23,765	30,849	896,972	1,769,200	182.6	46.5	657.3
West South Central	**$49,509**	**$1**	**$4**	**$4**	**$6**	**$719**	**-57.1%**	**-95.8%**	**> 1,000.0%**
Arkansas	2,131	1	4	4	6	5	-70.7	-87.9	10.7
Louisiana	8,405	0	0	0	0	0	n/a	n/a	n/a
Oklahoma	8,124	0	0	0	0	712	-38.5	n/a	n/a
Texas	30,849	0	0	0	0	2	-85.1	n/a	n/a
East North Central	**$599,083**	**$594,132**	**$645,741**	**$1,226,396**	**$1,199,697**	**$1,206,842**	**15.0%**	**27.0%**	**-0.8%**
Illinois	78,061	95,586	109,312	118,991	143,416	154,468	14.6	15.1	13.9
Indiana	119,725	67,622	26,442	440,575	222,557	6,461	-44.2	54.4	-87.9
Michigan	129,680	123,548	133,244	307,362	401,933	489,770	30.4	33.3	26.2
Ohio	150,642	167,669	229,302	201,107	244,833	330,210	17.0	10.1	28.1
Wisconsin	120,975	139,707	147,440	158,360	186,959	225,933	13.3	9.4	19.4
West North Central	**$57,602**	**$98,843**	**$160,001**	**$211,124**	**$202,113**	**$448,401**	**50.7%**	**54.2%**	**45.7%**
Iowa	0	27	1,031	1,769	1,405	82,948	n/a	n/a	584.9
Kansas	41	0	0	55	167	185	35.3	10.4	83.8
Minnesota	41,176	80,165	137,314	183,109	175,386	329,359	51.6	64.4	34.1
Missouri	15,776	18,651	21,651	26,141	24,932	28,226	12.3	18.3	3.9
Nebraska	0	0	5	50	153	7,392	n/a	n/a	> 1,000.0
North Dakota	0	0	0	0	66	277	n/a	n/a	n/a
South Dakota	610	0	< 1	0	4	14	-52.8	n/a	n/a
Mountain	**$330,703**	**$506,768**	**$652,881**	**$830,276**	**$961,208**	**$1,026,342**	**25.4%**	**35.9%**	**11.2%**
Arizona (1)	316,656	470,207	605,604	770,976	884,459	872,052	22.5	34.5	6.4
Colorado	10,080	13,308	15,359	17,397	34,399	85,431	53.3	20.0	121.6
Idaho	214	0	8	69	111	303	7.1	-31.6	109.9
Montana	1,457	1,793	706	192	270	424	-21.9	-49.1	48.7
Nevada	2,296	4,071	8,283	13,177	16,636	18,375	51.6	79.0	18.1
New Mexico	0	0	0	0	0	0	n/a	n/a	n/a
Utah	0	17,389	22,921	28,463	25,308	49,739	n/a	n/a	32.2
Wyoming	0	0	0	4	25	19	n/a	n/a	135.0
Pacific	**$469,240**	**$544,582**	**$642,702**	**$824,615**	**$1,317,360**	**$2,286,402**	**37.3%**	**20.7%**	**66.5%**
Alaska	< 1	< 1	4	4	8	7	54.6	65.8	39.2
California	422,595	486,302	561,911	712,079	906,262	1,102,510	21.1	19.0	24.4
Hawaii (1)	3,841	3,290	4,428	5,859	41,863	325,873	143.1	15.1	645.8
Oregon (1)	27,362	37,704	49,841	64,322	164,670	439,148	74.2	33.0	161.3
Washington	15,441	17,285	26,518	42,352	204,556	418,864	93.5	40.0	214.5

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

Payments to MCOs were distributed among adults and children as described in Appendix C.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 75

Total Medicaid Long-Term Care Expenditures, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$32,391**	**$36,949**	**$42,574**	**$45,337**	**$49,044**	**$53,996**	**10.8%**	**11.9%**	**9.1%**
New England	**$3,220**	**$3,620**	**$3,951**	**$3,863**	**$4,219**	**$4,889**	**8.7%**	**6.3%**	**12.5%**
Connecticut	854	1,030	1,105	1,166	1,204	1,394	10.3	10.9	9.4
Maine	247	297	346	343	364	383	9.2	11.6	5.7
Massachusetts	1,634	1,739	1,842	1,611	1,928	2,309	7.2	-0.5	19.7
New Hampshire	159	187	209	228	271	305	14.0	12.8	15.7
Rhode Island	249	276	343	405	333	367	8.0	17.5	-4.7
Vermont	77	90	105	112	119	132	11.2	13.2	8.3
Middle Atlantic	**$9,858**	**$11,071**	**$12,752**	**$13,006**	**$14,391**	**$15,321**	**9.2%**	**9.7%**	**8.5%**
New Jersey	1,224	1,403	1,416	1,642	1,822	1,950	9.8	10.3	9.0
New York	6,875	7,757	8,317	8,830	9,596	10,141	8.1	8.7	7.2
Pennsylvania	1,759	1,910	3,020	2,534	2,973	3,230	12.9	12.9	12.9
South Atlantic	**$3,752**	**$4,441**	**$5,080**	**$5,668**	**$6,205**	**$6,915**	**13.0%**	**14.7%**	**10.5%**
Delaware	73	91	100	109	120	138	13.7	14.5	12.4
District of Columbia	165	200	234	261	314	270	10.4	16.6	1.7
Florida	864	1,018	1,173	1,376	1,513	1,769	15.4	16.8	13.4
Georgia	529	623	706	748	808	894	11.1	12.3	9.3
Maryland	438	489	581	605	675	748	11.3	11.4	11.2
North Carolina	689	822	937	1,093	1,181	1,341	14.2	16.6	10.8
South Carolina	332	395	444	464	513	562	11.1	11.8	10.1
Virginia	485	561	625	682	710	767	9.6	12.0	6.0
West Virginia	177	242	280	329	371	425	19.1	22.8	13.7
East South Central	**$1,278**	**$1,566**	**$1,882**	**$2,061**	**$2,270**	**$2,404**	**13.5%**	**17.3%**	**8.0%**
Alabama	282	360	465	492	545	606	16.5	20.4	11.0
Kentucky	382	425	480	538	584	631	10.5	12.1	8.3
Mississippi	199	256	320	315	358	403	15.2	16.6	13.2
Tennessee (1)	415	525	617	717	783	764	12.9	19.9	3.2
West South Central	**$2,409**	**$2,866**	**$3,260**	**$3,705**	**$3,957**	**$4,246**	**12.0%**	**15.4%**	**7.1%**
Arkansas	296	331	404	458	497	533	12.5	15.6	7.9
Louisiana	533	628	748	928	969	1,026	14.0	20.3	5.2
Oklahoma	354	412	470	492	459	506	7.4	11.6	1.5
Texas	1,226	1,494	1,639	1,827	2,033	2,180	12.2	14.2	9.2
East North Central	**$4,961**	**$5,653**	**$6,862**	**$7,592**	**$7,978**	**$8,637**	**11.7%**	**15.2%**	**6.7%**
Illinois	1,082	1,121	1,699	1,808	1,833	1,932	12.3	18.7	3.4
Indiana	673	846	1,015	1,082	1,096	1,069	9.7	17.1	-0.6
Michigan	939	1,043	1,091	1,460	1,546	1,734	13.1	15.9	9.0
Ohio	1,502	1,747	2,058	2,176	2,383	2,627	11.8	13.2	9.9
Wisconsin	766	896	999	1,065	1,120	1,276	10.7	11.6	9.4
West North Central	**$2,298**	**$2,684**	**$3,194**	**$3,300**	**$3,539**	**$4,009**	**11.8%**	**12.8%**	**10.2%**
Iowa	290	353	393	424	452	499	11.5	13.4	8.5
Kansas	257	296	324	359	409	446	11.7	11.8	11.5
Minnesota	939	1,059	1,200	1,301	1,331	1,549	10.5	11.5	9.1
Missouri	429	519	761	658	750	879	15.4	15.3	15.6
Nebraska	161	205	239	261	281	292	12.6	17.5	5.7
North Dakota	125	143	152	160	165	180	7.5	8.4	6.2
South Dakota	96	109	126	137	151	164	11.3	12.6	9.4
Mountain	**$963**	**$1,088**	**$1,330**	**$1,511**	**$1,650**	**$1,795**	**13.3%**	**16.2%**	**9.0%**
Arizona (1)	212	203	268	324	368	357	11.0	15.3	4.9
Colorado	282	324	378	385	424	491	11.7	10.9	12.9
Idaho	80	101	114	127	135	147	13.0	16.4	8.0
Montana	89	103	119	153	159	175	14.4	19.6	7.0
Nevada	57	65	93	121	123	124	16.7	28.3	1.3
New Mexico	109	138	171	188	203	238	16.8	19.8	12.4
Utah	109	120	138	157	163	176	9.9	12.8	5.8
Wyoming	24	34	49	56	76	87	29.7	32.9	25.0
Pacific	**$3,652**	**$3,961**	**$4,263**	**$4,631**	**$4,835**	**$5,780**	**9.6%**	**8.2%**	**11.7%**
Alaska	47	49	52	65	77	80	11.2	11.6	10.7
California	2,688	2,825	2,971	3,122	3,270	4,097	8.8	5.1	14.6
Hawaii (1)	87	103	114	123	154	173	14.7	12.0	18.8
Oregon (1)	283	331	382	431	444	495	11.8	15.0	7.2
Washington	547	653	744	890	889	934	11.3	17.6	2.5

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. Long-term care services include skilled nursing facilities, intermediate care facilities for the mentally retarded, other intermediate care facilities, mental health, and home health services.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 76

Medicaid Expenditures for SNF/ICF-Other Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$18,396**	**$21,102**	**$24,577**	**$26,297**	**$28,253**	**$30,486**	**10.6%**	**12.6%**	**7.7%**
New England	**$2,072**	**$2,348**	**$2,479**	**$2,408**	**$2,687**	**$2,936**	**7.2%**	**5.1%**	**10.4%**
Connecticut	550	643	690	727	768	814	8.2	9.8	5.8
Maine	158	207	230	225	238	237	8.5	12.5	2.7
Massachusetts	1,071	1,150	1,174	1,039	1,227	1,402	5.5	-1.0	16.1
New Hampshire	104	130	141	148	180	196	13.5	12.4	15.2
Rhode Island	145	166	185	203	204	216	8.3	12.0	3.0
Vermont	45	52	59	65	70	72	9.9	13.2	5.0
Middle Atlantic	**$4,646**	**$5,255**	**$6,236**	**$6,608**	**$7,199**	**$7,783**	**10.9%**	**12.5%**	**8.5%**
New Jersey	722	836	849	988	1,052	1,097	8.7	11.0	5.4
New York	2,947	3,346	3,646	4,095	4,275	4,598	9.3	11.6	6.0
Pennsylvania	977	1,074	1,742	1,525	1,873	2,088	16.4	16.0	17.0
South Atlantic	**$2,315**	**$2,821**	**$3,178**	**$3,517**	**$3,756**	**$4,097**	**12.1%**	**15.0%**	**7.9%**
Delaware	43	51	54	58	60	64	8.2	10.3	5.1
District of Columbia	98	121	138	139	155	156	9.6	12.1	6.0
Florida	648	777	884	1,012	1,065	1,211	13.3	16.0	9.4
Georgia	349	429	491	531	572	619	12.2	15.0	8.0
Maryland	294	359	384	401	420	460	9.4	10.9	7.1
North Carolina	344	427	488	586	639	718	15.9	19.5	10.7
South Carolina	131	170	202	209	233	245	13.4	16.9	8.4
Virginia	274	314	345	373	379	388	7.2	10.8	2.1
West Virginia	134	175	191	209	231	236	11.9	15.9	6.2
East South Central (1)	**$819**	**$1,067**	**$1,280**	**$1,399**	**$1,551**	**$1,681**	**15.5%**	**19.6%**	**9.6%**
Alabama	168	228	310	331	383	428	20.5	25.4	13.6
Kentucky	231	261	300	332	370	389	11.1	12.9	8.3
Mississippi	146	205	241	212	244	276	13.6	13.2	14.2
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$1,304**	**$1,644**	**$1,863**	**$2,066**	**$2,180**	**$2,313**	**12.1%**	**16.6%**	**5.8%**
Arkansas	179	201	235	252	273	285	9.7	12.0	6.3
Louisiana	270	329	420	526	514	561	15.8	24.9	3.3
Oklahoma	178	214	228	237	253	271	8.8	10.2	6.7
Texas	677	900	980	1,050	1,141	1,197	12.1	15.8	6.7
East North Central	**$3,119**	**$3,450**	**$4,318**	**$4,885**	**$5,124**	**$5,427**	**11.7%**	**16.1%**	**5.4%**
Illinois	650	667	1,050	1,103	1,145	1,201	13.0	19.3	4.3
Indiana	467	574	658	713	736	684	7.9	15.2	-2.1
Michigan	449	417	611	922	954	985	17.0	27.1	3.4
Ohio	1,045	1,242	1,395	1,497	1,602	1,767	11.1	12.7	8.6
Wisconsin	508	550	604	650	687	790	9.2	8.6	10.3
West North Central	**$1,330**	**$1,561**	**$1,942**	**$1,908**	**$2,102**	**$2,302**	**11.6%**	**12.8%**	**9.9%**
Iowa	150	193	209	223	240	257	11.4	14.0	7.5
Kansas	134	147	164	177	202	223	10.8	9.8	12.4
Minnesota	533	600	694	740	864	929	11.8	11.6	12.0
Missouri	290	346	555	418	426	498	11.4	13.0	9.2
Nebraska	104	136	162	179	188	197	13.7	20.0	5.0
North Dakota	66	77	87	93	95	103	9.2	11.7	5.4
South Dakota	53	61	72	78	87	94	12.0	13.6	9.7
Mountain (1)	**$541**	**$560**	**$728**	**$801**	**$881**	**$975**	**12.5%**	**14.0%**	**10.3%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	158	182	223	220	239	278	11.9	11.7	12.3
Idaho	44	54	63	69	72	80	12.6	16.2	7.5
Montana	56	59	68	92	95	105	13.7	18.1	7.3
Nevada	38	45	61	74	73	65	11.3	24.6	-6.0
New Mexico	68	85	94	100	107	114	10.9	13.7	6.9
Utah	47	19	63	72	83	85	12.6	15.4	8.5
Wyoming	23	23	34	26	40	44	14.1	3.9	31.3
Pacific	**$2,251**	**$2,395**	**$2,553**	**$2,705**	**$2,772**	**$2,971**	**5.7%**	**6.3%**	**4.8%**
Alaska	35	37	40	42	51	50	7.7	6.7	9.2
California	1,704	1,782	1,864	1,949	1,949	2,115	4.4	4.6	4.2
Hawaii (2)	76	87	97	102	124	127	10.8	10.3	11.7
Oregon (2)	115	133	154	159	157	160	6.7	11.3	0.2
Washington	320	356	399	453	491	519	10.1	12.2	7.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

"SNF/ICF-Other" refers to skilled nursing facilities and other intermediate care facilities.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 77

Medicaid Expenditures for ICF/MR Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$7,679**	**$8,357**	**$8,907**	**$9,502**	**$9,417**	**$10,003**	**5.4%**	**7.4%**	**2.6%**
New England	**$722**	**$701**	**$745**	**$671**	**$578**	**$650**	**-2.1%**	**-2.4%**	**-1.6%**
Connecticut	166	210	193	182	180	187	2.4	3.1	1.4
Maine	56	55	63	60	55	52	-1.4	2.2	-6.7
Massachusetts	393	331	375	308	290	351	-2.2	-7.9	6.8
New Hampshire	11	7	6	5	6	9	-4.4	-21.3	28.2
Rhode Island	78	78	90	105	42	47	-9.8	10.3	-33.4
Vermont	17	20	18	11	6	4	-25.2	-13.5	-39.8
Middle Atlantic	**$2,240**	**$2,396**	**$2,494**	**$2,836**	**$2,869**	**$2,921**	**5.5%**	**8.2%**	**1.5%**
New Jersey	267	286	276	286	357	380	7.3	2.3	15.3
New York	1,524	1,644	1,715	2,049	2,011	2,042	6.0	10.4	-0.2
Pennsylvania	449	466	503	500	501	500	2.2	3.7	-0.1
South Atlantic	**$903**	**$968**	**$1,053**	**$1,104**	**$1,155**	**$1,284**	**7.3%**	**6.9%**	**7.8%**
Delaware	19	24	27	27	27	28	7.5	11.3	2.2
District of Columbia	28	38	52	64	64	66	18.7	31.8	1.5
Florida	157	169	182	192	212	247	9.4	6.9	13.3
Georgia	103	110	115	116	120	122	3.5	4.3	2.4
Maryland	71	63	65	61	60	79	2.1	-5.1	13.8
North Carolina	223	251	278	317	332	363	10.3	12.4	7.1
South Carolina	139	147	165	165	172	193	6.8	6.0	8.0
Virginia	148	152	154	148	154	152	0.5	0.0	1.4
West Virginia	15	16	15	15	14	35	18.5	-0.8	54.8
East South Central (1)	**$244**	**$281**	**$314**	**$345**	**$371**	**$389**	**9.8%**	**12.2%**	**6.2%**
Alabama	64	73	81	79	79	79	4.2	7.2	-0.2
Kentucky	50	65	60	70	72	70	6.8	11.5	0.2
Mississippi	46	43	62	79	85	90	14.6	20.2	6.7
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$803**	**$873**	**$929**	**$1,054**	**$1,038**	**$1,071**	**5.9%**	**9.5%**	**0.8%**
Arkansas	73	82	88	90	94	103	7.1	6.8	7.5
Louisiana	207	238	261	324	300	310	8.4	16.0	-2.2
Oklahoma	100	111	112	132	91	99	-0.2	9.9	-13.5
Texas	422	442	469	508	553	559	5.8	6.4	4.9
East North Central	**$1,232**	**$1,442**	**$1,614**	**$1,622**	**$1,597**	**$1,782**	**7.7%**	**9.6%**	**4.8%**
Illinois	347	367	500	532	489	527	8.7	15.3	-0.4
Indiana	170	199	273	284	309	291	11.3	18.5	1.3
Michigan	213	332	181	149	157	226	1.2	-11.2	23.0
Ohio	378	373	468	450	453	521	6.6	5.9	7.7
Wisconsin	123	170	193	208	188	217	12.1	19.1	2.2
West North Central	**$639**	**$702**	**$745**	**$771**	**$728**	**$854**	**6.0%**	**6.5%**	**5.3%**
Iowa	120	137	150	161	161	171	7.4	10.4	3.0
Kansas	88	98	103	107	105	102	3.0	6.6	-2.3
Minnesota	252	267	283	289	212	317	4.7	4.6	4.8
Missouri	89	103	107	114	144	160	12.4	8.5	18.6
Nebraska	28	30	33	34	34	35	4.8	7.1	1.5
North Dakota	37	41	40	37	39	39	1.0	0.2	2.4
South Dakota	25	27	29	30	32	31	4.1	5.4	2.2
Mountain (1)	**$232**	**$274**	**$251**	**$283**	**$268**	**$264**	**2.7%**	**6.8%**	**-3.2%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	52	56	55	51	39	31	-10.1	-1.0	-22.2
Idaho	28	34	36	38	40	42	7.9	10.6	3.9
Montana	11	14	13	10	14	14	4.5	-1.9	14.9
Nevada	14	13	17	27	20	24	11.9	25.3	-5.6
New Mexico	28	35	39	43	38	32	2.7	14.7	-13.1
Utah	39	72	40	45	38	45	3.0	4.9	0.2
Wyoming	0	8	3	6	7	10	n/a	n/a	28.0
Pacific	**$665**	**$718**	**$760**	**$817**	**$813**	**$786**	**3.4%**	**7.1%**	**-1.9%**
Alaska	10	10	10	10	12	9	-2.3	0.1	-5.7
California	409	444	478	514	545	561	6.5	7.9	4.5
Hawaii (2)	7	7	7	6	11	11	10.8	-3.0	35.1
Oregon (2)	97	98	83	80	79	76	-4.8	-6.1	-2.8
Washington	142	159	182	206	167	129	-2.0	13.3	-21.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding. "ICF/MR" refers to intermediate care facilities for the mentally retarded.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 78

Medicaid Expenditures for Mental Health Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$2,192**	**$2,525**	**$3,078**	**$2,556**	**$2,869**	**$3,076**	**7.0%**	**5.3%**	**9.7%**
New England	**$55**	**$82**	**$109**	**$94**	**$108**	**$142**	**20.7%**	**19.3%**	**23.0%**
Connecticut	33	41	39	37	32	41	4.2	3.5	5.2
Maine	6	7	16	15	15	27	37.4	38.0	36.5
Massachusetts	3	22	35	24	39	53	78.1	102.5	46.9
New Hampshire	6	4	6	9	10	10	8.8	11.5	4.8
Rhode Island	7	8	12	9	11	12	10.8	7.8	15.3
Vermont	< 1	< 1	2	< 1	< 1	< 1	-38.6	9.7	-74.3
Middle Atlantic	**$1,020**	**$1,130**	**$1,496**	**$844**	**$964**	**$965**	**-1.1%**	**-6.1%**	**6.9%**
New Jersey	46	51	56	66	64	74	10.1	13.1	5.7
New York	760	853	843	485	576	580	-5.3	-13.9	9.4
Pennsylvania	214	227	598	294	324	310	7.8	11.2	2.8
South Atlantic	**$158**	**$206**	**$232**	**$256**	**$314**	**$315**	**14.8%**	**17.5%**	**11.0%**
Delaware	2	2	3	2	6	11	43.9	-4.3	165.6
District of Columbia	28	28	31	42	77	30	1.4	14.7	-15.6
Florida	10	12	13	14	14	15	8.2	13.2	1.0
Georgia	13	17	20	18	16	25	13.2	10.5	17.3
Maryland	11	9	10	11	11	11	-0.9	0.8	-3.5
North Carolina	36	42	46	34	31	34	-0.8	-1.7	0.6
South Carolina	27	41	40	39	48	49	12.5	12.8	12.0
Virginia	27	48	58	82	87	105	31.4	45.0	13.4
West Virginia	4	7	10	13	25	35	57.8	54.1	63.5
East South Central (1)	**$81**	**$68**	**$94**	**$112**	**$141**	**$86**	**1.1%**	**11.3%**	**-12.6%**
Alabama	6	13	21	20	19	18	24.7	49.6	-5.1
Kentucky	41	26	34	35	33	40	-0.1	-4.5	6.8
Mississippi	0	0	10	15	20	24	n/a	n/a	25.6
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$103**	**$111**	**$146**	**$136**	**$173**	**$166**	**10.0%**	**9.6%**	**10.5%**
Arkansas	16	16	27	46	51	50	24.7	40.8	4.0
Louisiana	46	50	49	41	95	79	11.5	-3.5	38.5
Oklahoma	41	46	70	49	27	37	-2.0	6.1	-12.9
Texas	0	0	0	0	0	0	n/a	n/a	n/a
East North Central	**$269**	**$344**	**$340**	**$363**	**$410**	**$442**	**10.5%**	**10.5%**	**10.5%**
Illinois	18	21	26	34	43	43	19.3	24.5	12.0
Indiana	22	51	47	44	18	47	16.6	25.9	3.9
Michigan	142	136	106	134	142	200	7.1	-1.8	22.1
Ohio	61	103	127	116	165	112	12.9	23.8	-1.6
Wisconsin	27	33	33	35	41	40	8.4	9.2	7.3
West North Central	**$85**	**$103**	**$109**	**$113**	**$107**	**$116**	**6.6%**	**10.1%**	**1.5%**
Iowa	11	12	17	20	23	21	15.1	23.0	4.2
Kansas	21	30	26	29	25	22	1.5	11.7	-12.0
Minnesota	34	36	37	32	26	38	2.7	-1.7	9.8
Missouri	8	10	14	12	17	18	18.9	17.8	20.6
Nebraska	5	6	8	11	8	2	-16.6	26.1	-55.2
North Dakota	3	4	2	4	3	8	23.0	13.0	39.6
South Dakota	4	4	5	5	6	6	8.7	10.3	6.5
Mountain (1)	**$68**	**$96**	**$144**	**$184**	**$184**	**$108**	**9.6%**	**39.5%**	**-23.6%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	14	19	20	22	20	27	14.4	17.3	10.2
Idaho	< 1	3	< 1	0	0	0	-100.0	-100.0	n/a
Montana	9	10	14	20	16	14	9.3	29.9	-15.6
Nevada	< 1	< 1	6	9	17	22	144.4	226.7	58.1
New Mexico	0	< 1	14	20	19	19	n/a	n/a	-2.7
Utah	6	6	6	7	6	7	3.3	5.6	-0.1
Wyoming	< 1	< 1	< 1	9	< 1	< 1	-18.3	190.0	-87.8
Pacific	**$353**	**$385**	**$408**	**$454**	**$469**	**$737**	**15.8%**	**8.7%**	**27.5%**
Alaska	< 1	< 1	< 1	10	10	11	70.9	130.4	9.2
California	326	341	357	373	389	639	14.4	4.6	30.9
Hawaii (2)	0	0	0	0	0	0	n/a	n/a	n/a
Oregon (2)	11	13	16	17	23	25	18.3	17.5	19.6
Washington	16	30	35	54	47	62	31.6	51.1	7.1

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 79

Medicaid Expenditures for Home Health Care Services, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$4,124**	**$4,965**	**$6,013**	**$6,983**	**$8,505**	**$10,431**	**20.4%**	**19.2%**	**22.2%**
New England	**$371**	**$488**	**$617**	**$690**	**$846**	**$1,161**	**25.6%**	**23.0%**	**29.7%**
Connecticut	106	135	183	220	225	353	27.3	27.7	26.6
Maine	27	29	38	43	55	66	19.5	16.8	23.7
Massachusetts	167	236	259	239	373	503	24.7	12.7	45.0
New Hampshire	37	47	55	66	74	91	19.5	20.9	17.3
Rhode Island	19	24	56	87	76	93	36.9	65.1	3.3
Vermont	14	17	26	35	43	55	31.0	34.4	26.1
Middle Atlantic	**$1,953**	**$2,288**	**$2,525**	**$2,718**	**$3,357**	**$3,652**	**13.3%**	**11.6%**	**15.9%**
New Jersey	189	230	235	302	349	399	16.1	17.0	14.8
New York	1,644	1,914	2,113	2,200	2,734	2,920	12.2	10.2	15.2
Pennsylvania	121	144	177	216	275	332	22.5	21.4	24.2
South Atlantic	**$377**	**$445**	**$617**	**$791**	**$980**	**$1,219**	**26.5%**	**28.1%**	**24.2%**
Delaware	8	15	17	23	27	35	32.9	39.4	23.6
District of Columbia	10	13	13	16	18	19	12.5	16.6	6.6
Florida	50	60	94	158	222	297	43.0	47.0	37.2
Georgia	64	68	79	83	101	128	15.0	9.1	24.4
Maryland	61	58	121	132	184	198	26.5	29.1	22.7
North Carolina	87	103	125	156	180	225	20.9	21.6	19.9
South Carolina	35	37	36	51	59	75	16.4	13.0	21.8
Virginia	36	47	68	80	90	122	27.4	29.9	23.6
West Virginia	25	45	64	92	100	119	37.2	55.3	13.9
East South Central (1)	**$134**	**$150**	**$194**	**$205**	**$208**	**$248**	**13.1%**	**15.1%**	**10.0%**
Alabama	44	47	53	61	64	82	13.2	11.9	15.2
Kentucky	60	72	86	100	109	131	16.7	18.4	14.2
Mississippi	7	8	7	9	9	13	13.0	8.5	20.2
Tennessee (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
West South Central	**$199**	**$238**	**$322**	**$450**	**$566**	**$697**	**28.4%**	**31.2%**	**24.5%**
Arkansas	27	32	55	71	79	95	28.5	37.5	16.2
Louisiana	9	12	18	36	60	76	52.2	57.6	44.6
Oklahoma	36	42	59	74	88	100	22.6	26.8	16.6
Texas	127	152	190	269	339	425	27.4	28.5	25.7
East North Central	**$341**	**$418**	**$590**	**$722**	**$848**	**$986**	**23.7%**	**28.4%**	**16.9%**
Illinois	66	67	124	139	156	161	19.4	28.0	7.5
Indiana	14	21	37	42	34	47	26.9	43.2	5.8
Michigan	135	158	193	255	292	323	19.2	23.8	12.6
Ohio	18	29	68	113	163	227	66.7	86.0	41.5
Wisconsin	108	142	169	173	203	228	16.1	16.8	15.0
West North Central	**$244**	**$318**	**$399**	**$509**	**$602**	**$736**	**24.7%**	**27.7%**	**20.3%**
Iowa	10	12	17	20	28	50	38.5	27.8	56.4
Kansas	15	20	31	47	77	98	46.6	47.7	45.0
Minnesota	121	156	186	241	229	265	16.9	25.7	4.9
Missouri	42	59	85	114	162	203	36.7	39.0	33.4
Nebraska	24	33	36	37	51	57	18.7	15.5	23.8
North Dakota	19	22	23	26	28	30	9.6	10.6	8.0
South Dakota	14	17	20	24	27	33	19.5	21.0	17.3
Mountain (1)	**$121**	**$158**	**$207**	**$243**	**$318**	**$447**	**29.8%**	**25.9%**	**35.8%**
Arizona (2)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Colorado	58	68	80	92	126	156	21.9	16.7	30.2
Idaho	7	10	14	19	22	26	29.3	38.1	17.2
Montana	14	19	25	31	34	42	25.1	31.5	16.1
Nevada	5	7	10	12	12	14	20.8	31.3	6.5
New Mexico	13	19	24	25	39	72	40.6	24.2	69.4
Utah	17	23	30	33	36	39	17.2	23.5	8.3
Wyoming	< 1	2	12	15	29	32	132.5	212.4	49.2
Pacific	**$383**	**$462**	**$541**	**$656**	**$781**	**$1,285**	**27.4%**	**19.6%**	**40.0%**
Alaska	1	1	2	3	4	9	52.0	40.6	70.8
California	248	258	272	287	387	781	25.8	5.0	65.1
Hawaii (2)	5	8	10	15	20	35	49.1	46.3	53.4
Oregon (2)	60	87	129	174	185	235	31.3	42.5	16.1
Washington	69	107	128	177	185	225	26.5	36.7	12.7

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include disproportionate share hospital payments, administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) Regional totals include estimated expenditure levels from states where data were unavailable.

(2) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to the Health Care Financing Administration. See Appendix C.

Table 80

Medicaid Disproportionate Share Hospital Payments, 1990-1995

	Expenditures (millions)						Average Annual Growth		
	1990	1991	1992	1993	1994	1995	1990-95	1990-93	1993-95
United States	**$1,378**	**$5,316**	**$17,526**	**$17,016**	**$16,890**	**$18,988**	**69.0%**	**131.1%**	**5.6%**
New England	**$4**	**$1,230**	**$1,488**	**$1,565**	**$1,609**	**$1,763**	**239.6%**	**637.5%**	**6.1%**
Connecticut	2	0	395	417	409	450	213.0	552.8	3.9
Maine	2	45	139	164	165	165	141.8	334.5	0.4
Massachusetts	< 1	1,060	457	484	541	610	333.1	966.0	12.2
New Hampshire	0	51	392	383	380	329	n/a	n/a	-7.4
Rhode Island	0	72	81	97	95	171	n/a	n/a	32.8
Vermont	0	1	23	19	19	37	n/a	n/a	41.5
Middle Atlantic	**$458**	**$1,481**	**$5,181**	**$4,458**	**$4,357**	**$4,995**	**61.2%**	**113.5%**	**5.9%**
New Jersey	36	223	1,094	1,088	1,034	1,287	104.8	212.4	8.7
New York	416	828	3,119	2,559	2,507	2,917	47.6	83.2	6.8
Pennsylvania	6	431	967	811	817	792	162.8	404.3	-1.2
South Atlantic	**$179**	**$466**	**$1,642**	**$1,701**	**$1,964**	**$2,001**	**62.0%**	**111.6%**	**8.5%**
Delaware	0	0	0	5	6	7	n/a	n/a	17.0
District of Columbia	0	0	33	46	53	50	n/a	n/a	4.4
Florida	44	39	191	240	285	334	49.8	75.6	18.1
Georgia	1	51	301	309	355	410	211.8	506.2	15.1
Maryland	0	0	113	78	151	160	n/a	n/a	43.5
North Carolina	65	150	332	346	390	429	45.8	74.4	11.5
South Carolina	62	213	440	441	481	440	48.0	92.4	-0.1
Virginia	7	14	148	131	140	145	85.4	170.1	5.4
West Virginia	0	0	84	105	103	25	n/a	n/a	-51.4
East South Central	**$290**	**$556**	**$1,266**	**$1,139**	**$751**	**$820**	**23.1%**	**57.8%**	**-15.1%**
Alabama	194	154	417	419	417	417	16.6	29.3	-0.2
Kentucky	< 1	178	264	137	67	220	279.3	688.0	26.7
Mississippi	3	24	153	152	158	183	135.9	293.5	9.5
Tennessee (1)	93	201	431	430	108	0	n/a	66.7	n/a
West South Central	**$129**	**$389**	**$2,756**	**$2,757**	**$2,866**	**$2,800**	**85.2%**	**177.8%**	**0.8%**
Arkansas	1	1	3	3	3	3	21.7	27.9	12.9
Louisiana	119	161	1,218	1,218	1,326	1,265	60.4	117.0	1.9
Oklahoma	3	12	22	23	24	18	39.8	89.7	-11.6
Texas	5	215	1,513	1,513	1,513	1,513	215.5	578.8	0.0
East North Central	**$181**	**$439**	**$1,530**	**$1,275**	**$1,720**	**$1,891**	**59.9%**	**91.8%**	**21.8%**
Illinois	63	77	314	240	300	413	45.5	55.9	31.1
Indiana	4	19	212	34	295	398	145.4	96.1	243.4
Michigan	54	272	544	545	615	438	51.8	115.5	-10.3
Ohio	57	67	452	449	498	630	61.7	98.9	18.5
Wisconsin	1	3	9	8	12	12	51.0	72.5	23.6
West North Central	**$88**	**$566**	**$971**	**$927**	**$938**	**$843**	**57.2%**	**119.3%**	**-4.7%**
Iowa	2	2	5	4	6	5	19.0	28.3	6.3
Kansas	34	54	189	184	165	74	16.4	74.9	-36.8
Minnesota	9	11	42	32	44	24	23.0	55.4	-13.3
Missouri	42	498	732	703	713	729	77.0	155.9	1.8
Nebraska	< 1	1	3	3	9	9	57.5	53.5	63.6
North Dakota	0	< 1	< 1	< 1	1	1	n/a	n/a	944.2
South Dakota	< 1	< 1	< 1	< 1	< 1	1	113.8	-22.2	873.4
Mountain	**$6**	**$55**	**$212**	**$317**	**$299**	**$565**	**146.3%**	**270.3%**	**33.6%**
Arizona (1)	0	0	0	91	106	122	n/a	n/a	15.9
Colorado	4	52	121	131	106	355	145.2	219.6	64.8
Idaho	0	0	1	< 1	< 1	4	n/a	n/a	102.1
Montana	< 1	< 1	< 1	< 1	< 1	< 1	12.6	60.2	-33.7
Nevada	< 1	< 1	74	80	74	74	235.9	675.7	-4.3
New Mexico	1	0	12	9	8	7	46.4	106.0	-12.4
Utah	< 1	3	5	4	5	3	29.8	70.6	-13.9
Wyoming	< 1	< 1	< 1	< 1	0	0	n/a	38.3	n/a
Pacific	**$43**	**$133**	**$2,480**	**$2,878**	**$2,386**	**$3,311**	**138.0%**	**304.8%**	**7.3%**
Alaska	0	0	0	14	17	18	n/a	n/a	14.2
California	11	99	2,191	2,543	2,009	2,915	205.3	513.7	7.1
Hawaii (1)	0	2	40	44	30	1	n/a	n/a	-84.5
Oregon (1)	4	7	17	21	21	28	45.2	67.9	16.7
Washington	28	25	231	257	309	348	65.5	109.3	16.3

Source: Urban Institute calculations based on data from HCFA-64 reports.

Does not include administrative costs, accounting adjustments, or the U.S. Territories. Figures may not sum to totals due to rounding.

(1) For certain states with active 1115 waivers (AZ, HI, OR, TN), expenditure and beneficiary data were supplemented with data received directly from the state; adjustments were made to categorize these numbers in the same manner as other states report to Health Care Financing Administration. See Appendix C.

Appendices

A. Medicaid Fact Sheets

MEDICAID FACTS

THE KAISER COMMISSION ON THE FUTURE OF MEDICAID

November 1997

THE MEDICAID PROGRAM AT A GLANCE

What is Medicaid?

Medicaid is the nation's major public financing program for providing health and long-term care coverage to millions of low-income people. Initially designed to pay for the health care of recipients of welfare assistance and certain other needy people, by 1995, 35.2 million people—more than 1 in 10 Americans—were covered by Medicaid at a cost of $152.4 billion.

Authorized under Title XIX of the Social Security Act, Medicaid is a means-tested entitlement program financed by the state and federal governments and administered by the states. Federal financial assistance is provided to states for coverage of specific groups of people and benefits through federal matching payments based on the state's per capita income. The federal share ranges from 50 to 80 percent of Medicaid expenditures.

Who is Covered by Medicaid?

Being poor does not automatically qualify an individual for Medicaid. Only persons who fall into particular "categories" such as low-income children, pregnant women, the elderly and people with disabilities are eligible. Under the new welfare program, Temporary Aid to Needy Families (TANF), Medicaid eligibility is no longer automatic for families who receive cash assistance. Within federal guidelines, states set their own income and asset eligibility criteria for Medicaid. As a result, there are large state variations in coverage. Although Medicaid has increasingly been used to expand coverage to the low-income population, it covers only half of poor Americans. While the new State Child Health Insurance Program will expand coverage to low-income uninsured children either through Medicaid or a separate program, millions of low-income people will remain uninsured.

The diverse Medicaid population is comprised of:

- 17.5 million children
- 8.0 million adults in families
- 3.9 million elderly persons
- 5.8 million blind and disabled persons

Although adults and children in low-income families make up nearly three-fourths of beneficiaries, they account for only 28 percent of Medicaid spending. The elderly and the disabled account for the majority (60 percent) of spending because of their intensive use of acute and long-term care services. Disproportionate share hospital (DSH) payments account for about 12.5 percent of Medicaid spending (Figure 1).

What Services are Covered Under Medicaid?

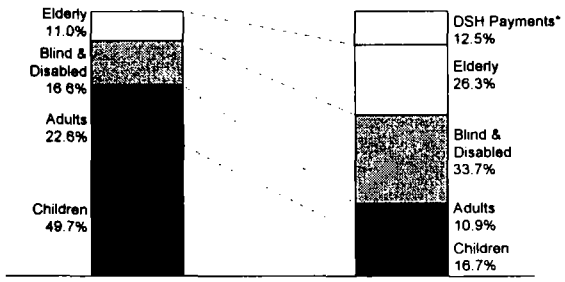
Medicaid covers a broad range of services to meet the complex needs of beneficiaries. Because of the limited financial resources of beneficiaries, cost-sharing requirements are nominal. Federally mandated services include:

- inpatient and outpatient hospital
- physician, midwife, and certified nurse practitioner
- laboratory and X-ray
- nursing home and home health care
- early and periodic screening, diagnosis, and treatment (EPSDT) for children under age 21
- family planning
- rural health clinics/federally qualified health centers

States have the option to cover additional services and still receive federal matching funds. Commonly offered services include prescription drugs, clinic services, prosthetic devices, hearing aids, dental care and intermediate care facilities for the mentally retarded (ICF/MR).

Figure 1

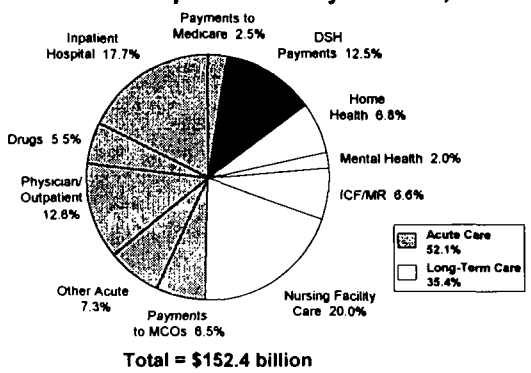
Medicaid Beneficiaries and Expenditures by Enrollment Group, 1995



* Disproportionate share hospital payments
Note: Total expenditures exclude administrative expenses, adjustments and the territories
SOURCE: Urban Institute Estimates, 1997.

Figure 2

Medicaid Expenditures by Service, 1995



SOURCE: Urban Institute Estimates, 1997.

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Of the $152.4 billion Medicaid spent in 1995 (Figure 2):

- Acute care services comprised about half (52.1 percent) of spending. This includes 6.5 percent of spending on Managed Care Organization (MCO) premiums.
- Long-term care services accounted for 35.4 percent of expenditures. Medicaid pays for half of total nursing home care (47 percent) and 14 percent of all home health spending in the United States.
- Payments to Medicare accounted for 2.5 percent.
- Payments to hospitals with a disproportionately large population of indigent patients (DSH) comprised 12.5 percent of total expenditures.

How is Care Delivered Under Medicaid?

As states try to expand insurance coverage to low-income people, improve access, and contain costs, many are adopting new care delivery and financing arrangements under Medicaid. While traditional fee-for-service still predominates, an increasing number of states are enrolling their Medicaid populations in managed care.

As of June 1996, 13.3 million Medicaid beneficiaries were enrolled in managed care, a fourfold increase from 2.7 million in 1991. Medicaid managed care models range from HMOs that use prepaid capitated care to loosely structured networks that contract with selected providers for discounted services and use gatekeeping to control utilization. States have initially targeted low-income families for managed care enrollment rather than aged or disabled beneficiaries.

Until recently, states have used waivers of Section 1915(b) and Section 1115 of the Social Security Act to undertake mandatory managed care programs. However, the Balanced Budget Act (BBA) of 1997 permits states to mandate managed care enrollment for most Medicaid beneficiaries without a waiver (except special needs children, Medicare beneficiaries and Indians.) As a result, mandatory managed care enrollment is likely to rise.

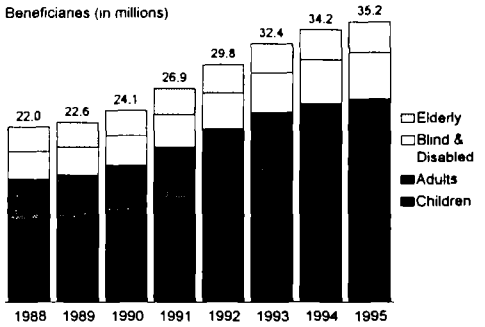
Long-term care is a major component of Medicaid. While over three-fourths of Medicaid spending for long-term care is on institutional services, Home- and Community-Based Services (HCBS) waivers are often used by states to deliver community-based care. Although all states have HCBS waivers, the population served remains small. States also now have the option to provide dual eligibles (Medicaid/Medicare) with acute and community-based long-term care services under the Program for All-Inclusive Care for the Elderly (PACE).

Recent Beneficiary and Expenditure Growth

Medicaid enrollment rose dramatically in the early 1990's, reaching 35.2 million beneficiaries in 1995 (Figure 3). This growth is mostly attributable to expanded coverage of low-income pregnant women and young children and increases in blind and disabled beneficiaries. However, enrollment growth appears to have leveled somewhat, increasing by only 3 percent from 1994 to 1995.

Figure 3

Medicaid Beneficiary Growth by Enrollment Group, 1988-1995



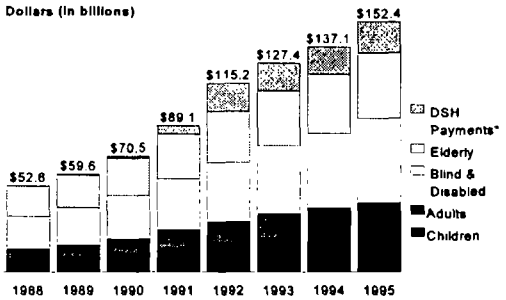
SOURCE: Urban Institute Estimates, 1997.

Medicaid has become a major budgetary commitment for both the federal and state governments. Medicaid expenditures escalated rapidly between 1988 and 1992—more than doubling (Figure 4). The rise in spending in that period was attributable to a combination of health care inflation, state use of alternative financing mechanisms, and an increase in enrollment. Only a small fraction of spending growth was attributable to the expansions in coverage of low-income pregnant women and children.

The rate of growth in Medicaid spending has now returned to historic levels—rising 11.2 percent from 1994 to 1995. This suggests that legislation enacted to limit states' capacity to raise funds through provider taxes and DSH payments has played a role in slowing Medicaid spending growth. The BBA of 1997 further reduces the growth in DSH payments by $10.4 billion over the next five years and lowers the state-specific ceilings on federal Medicaid DSH matching payments.

Figure 4

Medicaid Spending by Enrollment Group, 1988-1995



* Disproportionate Share Hospital payments
Note: Total expenditures exclude administrative expenses.
SOURCE: Urban Institute Estimates, 1997

Since its enactment in 1965,Medicaid has improved access to health care for the poor, pioneered innovations in health care delivery and community-based long-term care services and stood alone as the primary source of financial assistance for long-term care. Medicaid has been consistently shown to improve access to health care for the population it serves. Low-income people without insurance coverage use care at considerably lower levels than those with Medicaid coverage. As Medicaid struggles to meet multiple responsibilities under continued fiscal pressure, the program plays a critical role in providing acute and long-term care services to our nation's most vulnerable people.

The Kaiser Commission on the Future of Medicaid was established by the Henry J. Kaiser Family Foundation in 1991 to function as a Medicaid policy institute and serve as a forum for analyzing, debating and proposing future directions for Medicaid and other health reforms affecting low-income Americans. The Kaiser Family Foundation is an independent national health care philanthropy and not associated with Kaiser Permanente or Kaiser Industries.

MEDICAID FACTS

THE KAISER COMMISSION ON THE FUTURE OF MEDICAID

NOVEMBER 1997

MEDICAID AND MANAGED CARE

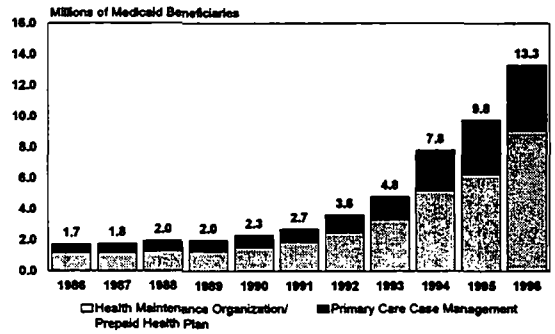
Medicaid provided health and long-term care coverage to approximately 35 million low-income Americans at a cost of $152 billion in 1995. In its role as a purchaser of health vices for low-income families, Medicaid increasingly relies on managed care to deliver services. About 40% of Medicaid beneficiaries, predominately poor children and their parents, now receive health care services through a broad array of managed care arrangements.

MEDICAID MANAGED CARE ENROLLMENT

Medicaid's use of managed care has grown dramatically in recent years in response to pressure to contain the growth in Medicaid spending while maintaining access to care for low-income individuals. In 1996, 13.3 million Medicaid beneficiaries were enrolled in managed care, up from 2.7 million in 1991, a four-fold increase (Exhibit 1).

Exhibit 1

Growth in Medicaid Managed Care Enrollment, 1986-1996

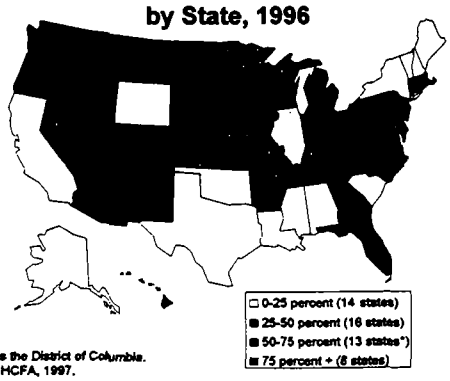


Source: HCFA, 1997 and PPRC, 1997.

Today, all states (except Alaska) are pursuing some managed care initiatives. As of June 1996, 36 states and the District of Columbia had more than one-quarter of their Medicaid population enrolled in managed care (Exhibit 2). Of these, 8 states have more than 75% of their Medicaid beneficiaries enrolled in managed care.

Exhibit 2

Medicaid Managed Care Enrollment, by State, 1996



* Includes the District of Columbia.
Source: HCFA, 1997.

MODELS OF MEDICAID MANAGED CARE

Managed care includes a broad array of health financing and delivery arrangements designed to reduce costs by eliminating inappropriate and unnecessary services and relying more heavily on primary care and coordination of care. Managed care arrangements are characterized by formal enrollment of individuals in a managed care organization; contractual agreements between the provider and a payer; and some gatekeeping and utilization control.

The major Medicaid managed care models include:

- ***Full-Risk Plans (HMOs or HIOs):*** Under a fully capitated plan, a health plan is paid a fixed monthly fee per enrollee and assumes full-risk for the delivery of a comprehensive range of services. The major types of full-risk plans are Health Maintenance Organizations (HMOs), in which the contracting entity and the providers are integrated into one plan, and Health Insuring Organizations (HIOs), which operate as fiscal intermediaries.

- ***Limited-Risk Prepaid Health Plans (PHPs):*** A PHP is an entity, usually a clinic or large group practice, that either contracts on a non-risk basis or a prepaid, capitated-risk basis to provide services that are not comprehensive (often ambulatory care only).

- ***Fee-for-Service Primary Care Case Management (PCCM):*** In a PCCM, a specific provider, usually the patient's primary care physician, is responsible for acting as a "gatekeeper" to approve and monitor the provision of covered services to beneficiaries. These gatekeepers contract directly with State Medicaid agencies, do not assume financial risk for the provision of services, and are paid a per-patient monthly case management fee, as well as fee-for-service payment for medical care.

As of June 1996, 511 Medicaid managed care plans, primarily full-risk HMOs, were in operation – almost double the number of plans in 1993. The predominance of full-risk plans is reflected in the distribution of enrollees: 67% of all Medicaid managed care beneficiaries were enrolled in HMOs or HIOs, 2% in PHPs, and 31% in PCCMs and other managed care arrangements (Exhibit 3).

STATE MANAGED CARE OPTIONS

States have long had the option to voluntarily enroll Medicaid beneficiaries in managed care plan. Legislative authority to require mandatory enrollment has evolved over time. Until recently, states have used Section 1915(b) freedom-of-choice waivers or Section 1115 research and demonstration waivers to undertake mandatory managed care programs.

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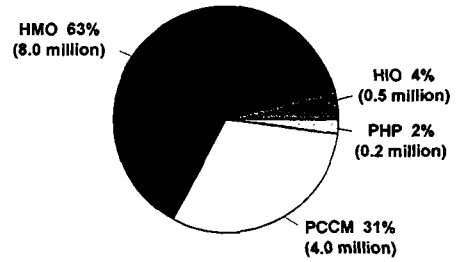
Exhibit 3

Medicaid Managed Care Enrollment, by Type of Plan, 1996



Note: Excludes enrollees in Behavioral and Dental Health Plans.
Source: PPRC, 1997.

Under 1915(b) waivers, in place in 42 states, mandatory managed care has been implemented in part of the state or for certain categories of beneficiaries. Section 1115 waivers have been used to implement statewide mandatory mandatory managed care enrollment, as well as to waive the requirement that 25% of a plan's enrollment be privately insured (the 75/25 rule). As of May 1997, 10 states have implemented Section 1115 waivers (AZ, DE, HI, MN, OH, OK, OR, RI, TN, VT).

The Balanced Budget Act (BBA) of 1997 gives states new authority to mandate enrollment in managed care organizations (MCOs) for Medicaid beneficiaries without obtaining a federal waiver (except for special needs children, Medicare beneficiaries and American Indians). Furthermore, the new law permits the establishment of Medicaid-only plans by eliminating the 75/25 rule. Finally, the law establishes certain new managed care consumer protections, but exempts Section 1915 and Section 1115 waivers from the new requirements (Exhibit 4).

Exhibit 4
Medicaid Managed Care
Selected Provisions in the Balanced Budget Act of 1997

Enrollment/Marketing: Allows states to mandate managed care enrollment, to guarantee managed care enrollment for 6 months for adults and 12 months for children, and to "lock-in" beneficiaries for up to 12 months; prohibits door to door marketing; and requires state default enrollment system to consider existing beneficiary-provider relationships and traditional Medicaid providers.

Plan Choice: Permits states to limit Medicaid beneficiaries to a choice of two MCOs in urban areas and one MCO in rural areas. Plans may serve Medicaid beneficiaries exclusively.

Access: Requires MCOs to comply with a "prudent layperson" emergency care coverage standard and prohibits physician "gag rules."

Consumer Protections: Requires MCOs to provide information regarding participating providers, enrollee rights and responsibilitites, information on covered services, and grievance and appeals procedures (an internal grievance process is required).

MCO Payment Rates: Requires state Medicaid agency capitation payment rates be made on an "actuarially sound basis", and requires DSH payments go directly to providers, not incorporated into capitation payments.

Plan Requirements: Requires plans to demonstate adequate capacity, including an appropriate range of services and access to preventive and primary care services and a sufficient number, mix, and geographic distribution of providers.

Quality/Oversight: Increases the threshold for prior federal approval of managed care contracts to $1 million; requires states to develop and implement a quality assessment and improvement strategy by 1999 consistent with standards to be established by the Secretary of HHS; and establishes external independent review of MCO performance.

Issues in Medicaid Managed Care

Medicaid beneficiaries are economically disadvantaged, frequently reside in medically underserved areas, and often have more complex health and social needs than do higher-income Americans. The success of managed care depends, in large part, on the future adequacy of the capitation rates and the ability of states and the federal government to monitor access and quality.

As a public program, Medicaid has operated under tight budget constraints, resulting in provider payment rates that are often substanially below market rates contributing to access problems. Capitation rates need to be sufficient to assure that plans are able to adequately serve Medicaid enrollees. Adequate payment levels are particularly important in the context of mandatory enrollment of beneficiaries in Medicaid-only MCOs because these plans are wholly dependent on Medicaid financing and do not have other payors to cover Medicaid shortfalls.

Broadened use of managed care for low-income children and families, the target of most managed care initiatives, is unlikely to accomplish large overall savings for Medicaid. Acute care services for low-income children and adults account for a quarter of program spending, whereas approximately 60% of spending is for the elderly and the disabled. Enrollment of elderly and disabled populations into managed care remains low and is complicated by difficulties in setting appropriate capitation rates, limited plan experience in providing specialized services, as well as lack of systems to coordinate Medicare and Medicaid benefits for "dual eligibles."

Changes in the delivery system can be made to accomplish savings, but in order to be effective and preserve access to needed services, these changes will require sufficient time to implement, the development of an adequate infrastructure to deliver care, oversight of program implementation, and more experience with enrolling the elderly and disabled.

The BBA provides new standards to assure plan capacity and enforce consumer protections. However, the development of access and quality performance standards for Medicaid MCOs, and the measurement of compliance with those standards, is evolving. Ensuring that plans have provider networks in place, educating both providers and beneficiaries about managed care, and responding to the unique needs of the Medicaid population are critical to assuring access and quality of care in a managed care environment.

B. Program Highlights

Table B-1

Status of Section 1115 Waivers, as of August 1997

	Submitted	Under Review	Approved	Withdrawn	Denied
United States					
New England					
Connecticut					
Maine					
Massachusetts	√		√		
New Hampshire	√	√			
Rhode Island	√		√		
Vermont	√		√		
Middle Atlantic					
New Jersey	√	√			
New York	√		√		
Pennsylvania					
South Atlantic					
Delaware	√		√		
District of Columbia					
Florida (1)	√		√		
Georgia (2)	√	√			
Maryland	√		√		
North Carolina					
South Carolina (3)	√		√		
Virginia					
West Virginia					
East South Central					
Alabama (4)	√		√		
Kentucky	√		√		
Mississippi					
Tennessee	√		√		
West South Central					
Arkansas	√	√			
Louisiana (5)	√				√
Oklahoma	√		√		
Texas	√	√			
East North Central					
Illinois	√		√		
Indiana					
Michigan					
Ohio	√		√		
Wisconsin					
West North Central					
Iowa					
Kansas (4,6)	√			√ (7/97)	
Minnesota	√		√		
Missouri	√	√			
Nebraska					
North Dakota					
South Dakota					
Mountain					
Arizona	√		√		
Colorado					
Idaho					
Montana (7)	√				√
Nevada					
New Mexico					
Utah	√	√			
Wyoming					
Pacific					
Alaska					
California (4)	√		√		
Hawaii	√		√		
Oregon	√		√		
Washington	√	√			

Source: Health Care Financing Administration

(1) Framework approved by HCFA, but state legislature has not authorized implementation of the plan.

(2) Limited benefit package.

(3) Framework approved, but state does not plan to implement. Activity suspended April 1995.

(4) Waiver does not apply to entire state.

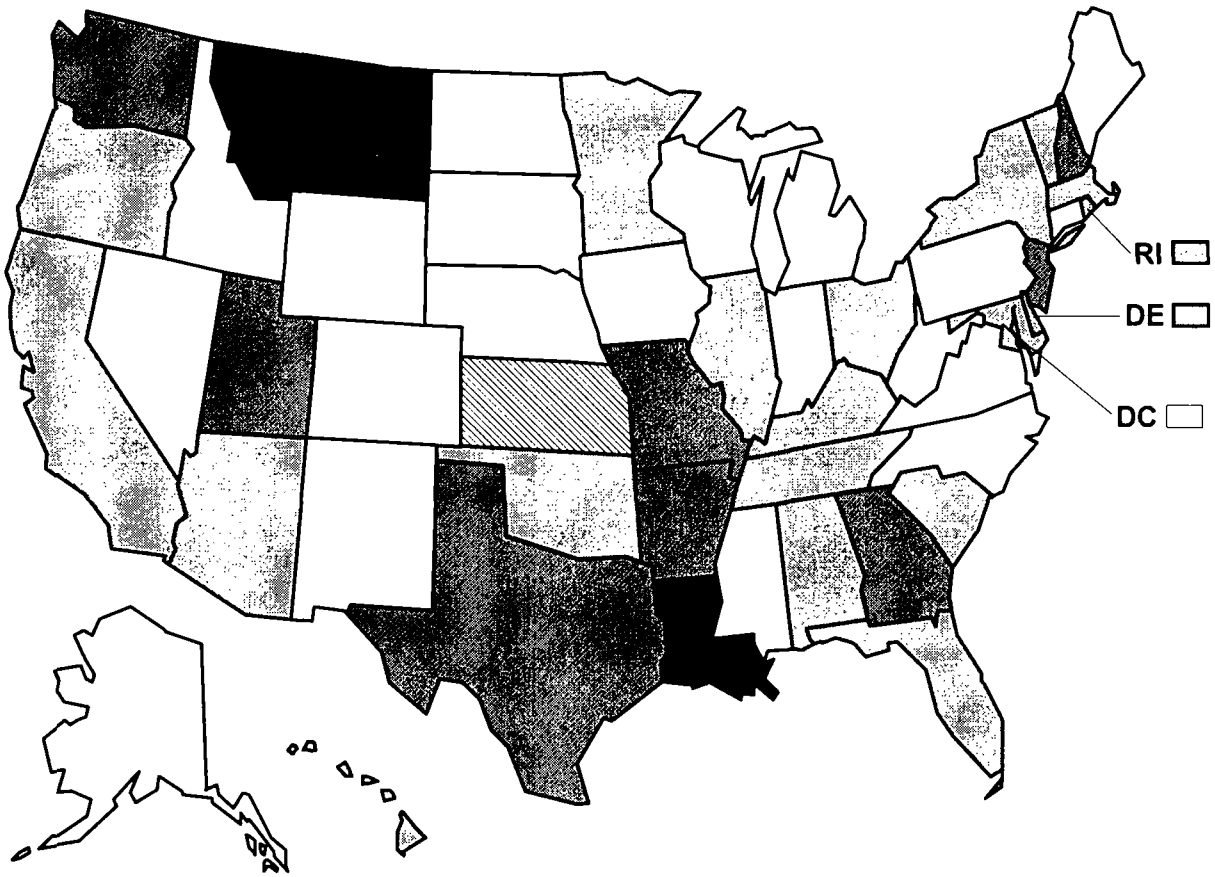
(5) Financial proposal disapproved June 1995.

(6) Proposal withdrawn July 1997.

(7) First proposal disapproved September 1995; concept paper for new proposal submitted January 1997.

Figure B-1

States with Section 1115 Waivers, as of August 1997



Source: Health Care Financing Administration
Does not include the U.S. Territories. See Table 77 for more information.
* Waivers in Alabama and California do not apply to the entire state.

Table B-2

Medicaid Spending as a Percentage of Total State Budgets and Federal Grants-in-Aid, 1995

	State Medicaid Spending as a % of State-Only Revenues (1)	Federal Medicaid Spending as a % of Federal Grants-in-Aid (2)	Total Medicaid Spending as a % of Total State Budgets (3)
United States	**12.7%**	**42.8%**	**20.4%**
New England			
Connecticut	10.4	56.8	16.2
Maine	10.3	56.5	23.0
Massachusetts	12.3	51.3	20.5
New Hampshire	25.1	46.8	32.0
Rhode Island	18.3	41.6	24.5
Vermont	12.7	37.1	20.0
Middle Atlantic			
New Jersey	15.8	53.9	23.5
New York	23.1	57.9	33.1
Pennsylvania	16.6	48.6	25.5
South Atlantic			
Delaware	6.5	32.2	10.1
District of Columbia	n/a	n/a	n/a
Florida	9.4	39.8	15.8
Georgia	10.0	43.9	18.7
Maryland	11.9	42.0	17.9
North Carolina	4.7	34.6	12.0
South Carolina	8.3	43.9	19.3
Virginia	7.6	36.0	12.4
West Virginia	10.9	53.1	24.4
East South Central			
Alabama	7.3	42.7	17.5
Kentucky	7.7	50.7	18.6
Mississippi	7.3	50.9	22.3
Tennessee	12.4	54.9	25.9
West South Central			
Arkansas	6.2	47.9	17.0
Louisiana	24.6	66.2	38.2
Oklahoma	6.5	35.4	14.3
Texas	12.0	43.7	20.8
East North Central			
Illinois	16.9	50.1	24.1
Indiana	9.2	42.6	18.0
Michigan	11.1	47.1	19.7
Ohio	21.1	28.2	21.6
Wisconsin	6.8	40.2	14.3
West North Central			
Iowa	7.2	30.2	13.3
Kansas	5.9	29.3	11.0
Minnesota	12.3	48.9	19.5
Missouri	10.6	55.5	21.7
Nebraska	7.3	39.5	15.2
North Dakota	6.7	29.8	14.9
South Dakota	9.6	33.1	18.9
Mountain			
Arizona	7.8	32.7	15.7
Colorado	11.2	45.0	18.6
Idaho	5.9	29.3	12.6
Montana	6.2	37.0	15.4
Nevada	6.8	30.5	11.0
New Mexico	4.8	36.8	13.4
Utah	4.3	36.5	11.7
Wyoming	3.5	23.2	8.4
Pacific			
Alaska	3.9	12.1	6.1
California	14.8	27.6	19.2
Hawaii	6.4	30.9	9.6
Oregon	7.2	37.8	14.4
Washington	9.9	42.4	17.4

Source: National Association of State Budget Officers

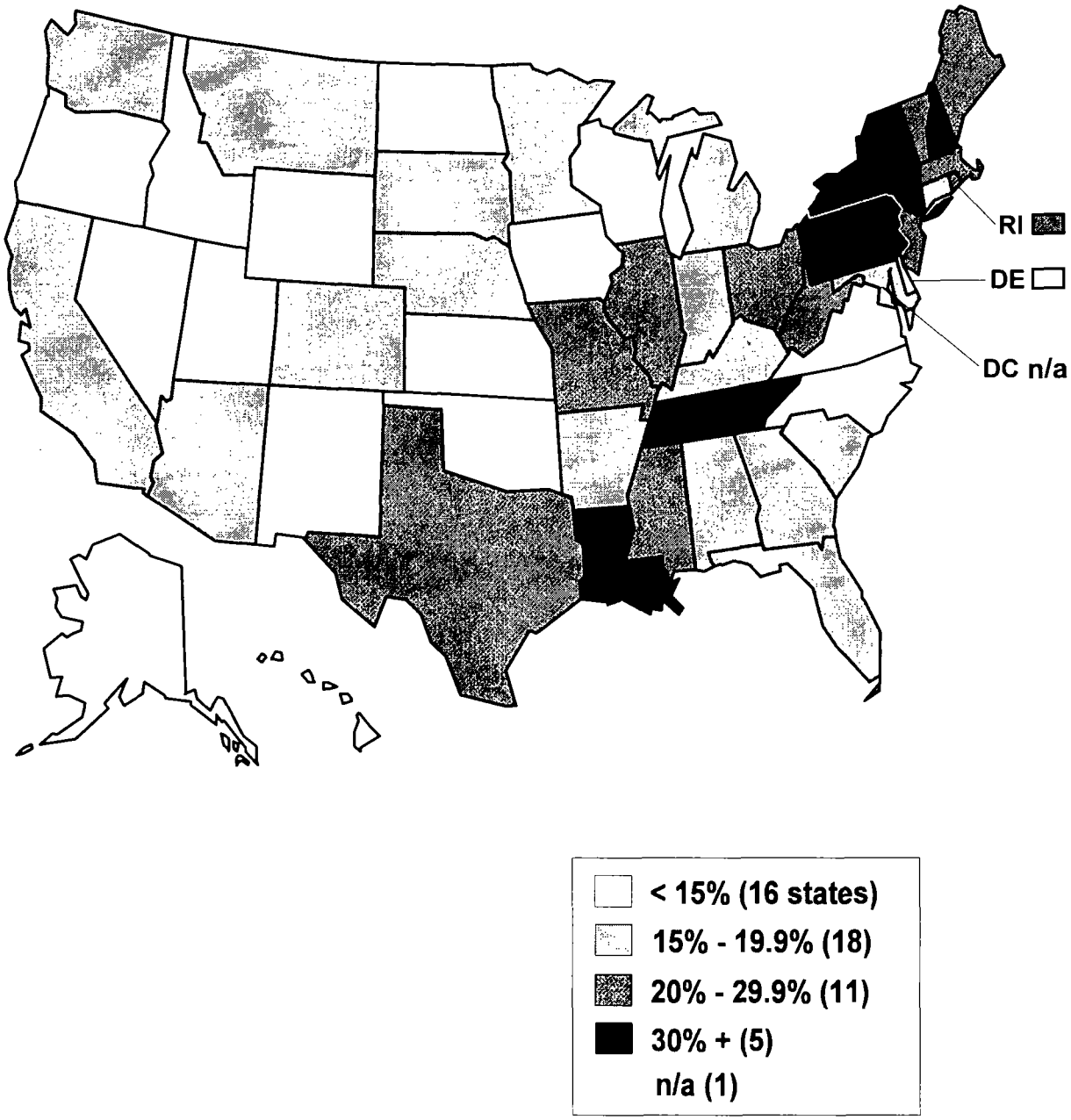
(1) The percentage of state funds (excluding all federal assistance) spent on Medicaid.

(2) The percentage of all federal assistance to the state spent on Medicaid.

(3) The percentage of each state's total budget, excluding bonds, that was spent on Medicaid. "Total state budgets" include both state and federal revenue sources. "Total Medicaid spending" includes both state and federal Medicaid expenditures.

Figure B-2

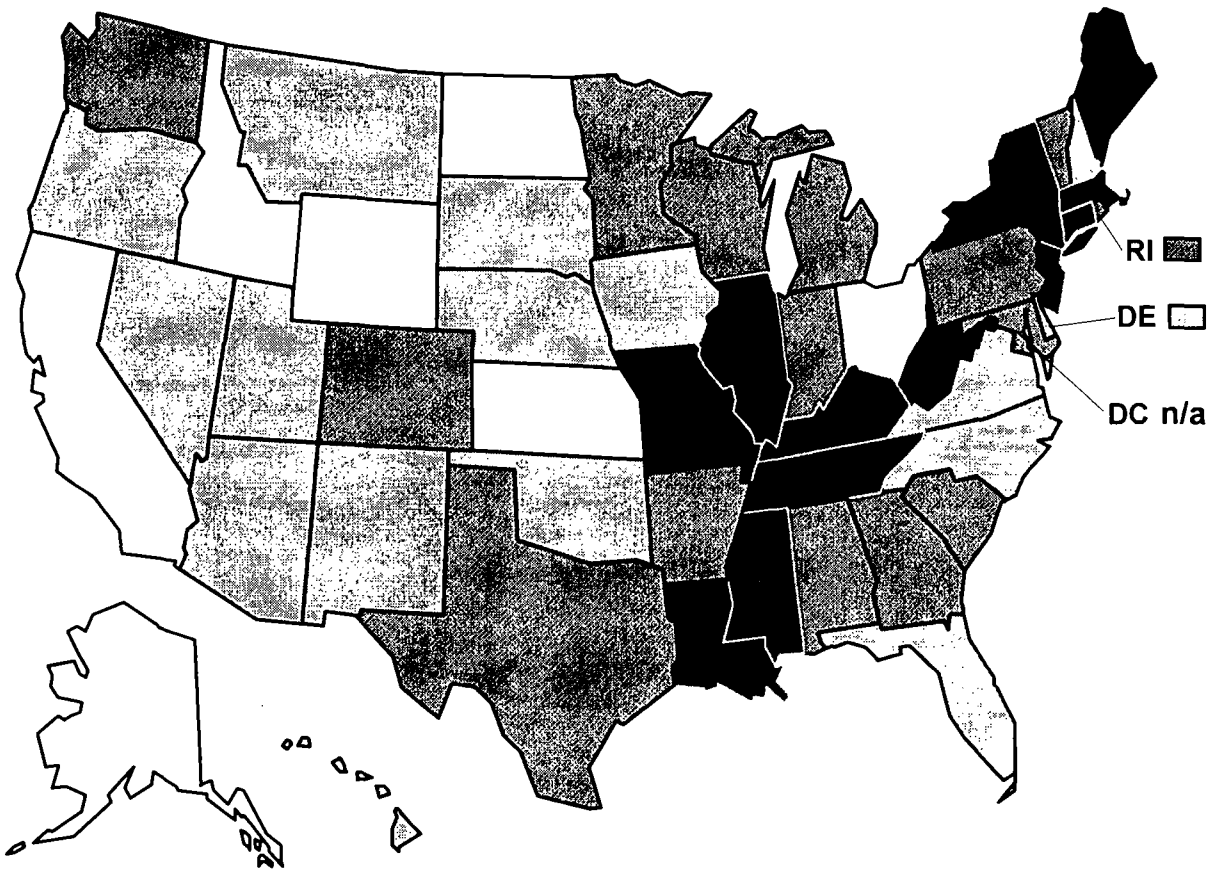
Total Medicaid Spending as a Percentage of Total State Budgets, 1995



Source: Urban IInstitute calculations based on HCFA 64 and National Association of State Budget Officers, 1995.
Does not include the U.S. Territories. Total Medicaid spending includes both state and federal Medicaid contributions. Total state budgets include all state and federal funding sources except bonds.

Figure B-3

Federal Medicaid Spending as a Percentage of Federal Grants-in-Aid, 1995



Federal Spending as a % of Federal Grants-in-Aid

- < 30% (7 states)
- 30% - 39.9% (16)
- 40% - 49.9% (15)
- 50% + (12)
- n/a (1)

Source: National Association of State Budget Officers, 1996
Does not include the U.S. Territories. Federal Medicaid spending includes only federal contributions to Medicaid spending. Federal grants-in-aid are the total federal dollars provided to states.

Table B-3

Annualized Medicaid Eligibility Thresholds for AFDC, Medically Needy, and SSI Beneficiaries, 1995-1996

State	AFDC Family of 3, 1996		Medically Needy (1) Family of 3, 1996		Supplemental Security Income, 1995	
	Payment Standard (2)	Percentage of Poverty (3) (= $12,980)	Allowable Income	Percentage of Poverty (3) (= $12,980)	Maximum Annual Income Limit	Income Limit as a Percent of Poverty
Alabama	$ 1,968	15%	$ n/a	n/a%	$ 5,352	75%
Alaska (4)	12,336	76	n/a	n/a	5,352	75
Arizona	4,164	32	n/a	n/a	5,352	75
Arkansas	2,448	19	3,300	25	5,352	75
California	7,284	56	11,208	86	5,352	75
Colorado	5,052	39	n/a	n/a	5,352	75
Connecticut	10,464	81	9,276	71	5,352	75
Delaware	4,056	31	n/a	n/a	5,352	75
Florida	3,636	28	3,636	28	5,352	75
Georgia	5,088	39	4,500	35	5,352	75
Hawaii (4)	8,544	57	8,544	57	4,752	67
Idaho	3,804	29	n/a	n/a	5,352	75
Illinois	4,524	35	5,904	45	3,396	48
Indiana	3,456	27	n/a	n/a	5,208	73
Iowa	5,112	39	6,792	52	5,352	75
Kansas	5,148	40	5,760	44	5,352	75
Kentucky	6,312	49	3,696	28	5,352	75
Louisiana	2,280	18	n/a	n/a	5,352	75
Maine	6,636	51	5,496	42	5,352	75
Maryland	4,476	34	5,208	40	5,352	75
Massachusetts	6,780	52	9,300	72	5,352	75
Michigan	5,868	45	6,804	52	5,352	75
Minnesota	6,384	49	8,508	86	5,040	71
Mississippi	4,416	34	n/a	n/a	5,352	75
Missouri	3,504	27	n/a	n/a	5,064	71
Montana	5,258	41	5,964	46	5,352	75
Nebraska	4,368	34	5,904	45	5,352	75
Nevada	4,176	32	n/a	n/a	5,352	75
New Hampshire	6,600	51	7,824	60	5,232	74
New Jersey	5,316	41	6,804	52	5,352	75
New Mexico	4,668	36	n/a	n/a	5,352	75
New York (5)	7,884	61	9,800	76	5,352	75
North Carolina	6,528	50	4,400	34	2,904	41
North Dakota	5,172	40	6,060	47	4,428	62
Ohio	4,092	32	n/a	n/a	4,488	63
Oklahoma	3,684	28	5,508	42	5,352	75
Oregon	5,520	43	7,356	57	5,352	75
Pennsylvania	5,052	39	5,604	43	5,352	75
Rhode Island	6,648	51	8,900	69	5,352	75
South Carolina	2,400	18	n/a	n/a	5,352	75
South Dakota	6,084	47	n/a	n/a	5,352	75
Tennessee	6,996	54	3,000	23	5,352	75
Texas	2,256	17	3,204	25	5,352	75
Utah	6,816	53	6,816	53	5,352	75
Vermont	7,632	59	10,500	81	5,352	75
Virginia	2,880	22	4,300	33	5,352	75
Washington	6,552	50	8,004	62	5,352	75
West Virginia	3,108	24	3,480	27	5,352	75
Wisconsin	6,204	48	8,268	64	5,352	75
Wyoming	7,080	55	n/a	n/a	5,352	75

Source: National Governors' Association, August 1996.

(1) Medically needy programs target individuals who have large medical costs but have income too high to become Medicaid-eligible through the AFDC or SSI programs. States may establish higher income or resource standards for the medically needy. If states choose to establish a medically needy program, it must serve pregnant women and children below age 18.

(2) The payment standard is the sum from which countable income of a recipient is deducted to determine the AFDC payment for the family. In most states, the AFDC payment standard determines the earnings level at which AFDC eligibility ends. In Alaska, Colorado, Georgia, Kentucky, Maine, Michigan, Mississippi, Montana, North Carolina, Oklahoma, South Carolina, Tennessee, and Utah, the medically needy threshold is the state's need standard. State income or resource requirements for medically needy populations may be established at levels up to 133 1/3 percent of the maximum payment standard under a state's AFDC program.

(3) This poverty guideline became effective March 4, 1996.

(4) Poverty guidelines for Alaska and Hawaii differ from those of other states: Alaska (family of three) = $16,220; Hawaii (family of three) = $14,930.

(5) The payment standard in New York State varies among the counties within the state. The figures shown are for New York City.

Table B-4

Expanded Medicaid Coverage of Pregnant Women, Infants, and Children: Income and Age Limits as of June 1, 1997

State	Pregnant Women and Infants (1) Percentage of federal poverty guideline	Children Under Age Six (1) Percentage of federal poverty guideline	Children Ages Six and Older Percentage of federal poverty guideline	Age Limit (2)
Federal Mandate	**133%**	**133%**	**100%**	**13**
Alabama	133	133	100	13
Alaska	133	133	100	13
Arizona	140	133	100	14
Arkansas	133	133	100	13
California	200	133	100	19
Colorado	133	133	100	13
Connecticut	185	185	185	13
Delaware	185	133	100	19
District of Columbia	185	133	100	13
Florida	185	133	100	20
Georgia	185	133	100	19
Hawaii (3)	185 [300]	133 [300]	100 [300]	19
Idaho	133	133	100	13
Illinois	133	133	100	13
Indiana	150	133	100	13
Iowa	185	133	100	13
Kansas	150	133	100	18
Kentucky	185	133	100	19
Louisiana	133	133	100	13
Maine	185	133	125	19
Maryland (4)	185	133 [185]	100 [185]	13
Massachusetts	185	133	100	13
Michigan (5)	185	150	150	15
Minnesota (3)	275	133 [275]	100/68 [275]	13/20
Mississippi	185	133	100	13
Missouri	185	133	100	19
Montana	133	133	100	13
Nebraska	150	133	100	13
Nevada	133	133	100	13
New Hampshire	185	185	185	19
New Jersey	185	133	100	13
New Mexico	185	185	185	19
New York	185	133	100	13
North Carolina	185	133	100	19
North Dakota	133	133	100	18
Ohio	133	133	100	13
Oklahoma	150	133	100	13
Oregon	133	133	100	19
Pennsylvania	185	133	100	13
Rhode Island (3)	250	250	250/185/100 [250]	8/13/18
South Carolina	185	133	100	13
South Dakota	133	133	100	19
Tennessee (3)	185 [400]	133 [400]	100 [400]	18
Texas	185	133	100	13
Utah	133	133	100	19
Vermont (3)	185 [225]	185 [225]	185 [225]	18
Virginia	133	133	100	19
Washington	200	200	200	19
West Virginia	150	133	100	19
Wisconsin	185	185	100	13
Wyoming	133	133	100	13

Source: National Conference of State Legislatures

(1) An infant is a child who has not yet reached his or her first birthday. A child in the "under age 6" category is age 1 or older, but has not yet reached his or her sixth birthday.

(2) Under the Omnibus Reconciliation Act of 1990, states are required to provide Medicaid coverage to children ages six and older born after September 30, 1983, living in families with incomes below the federal poverty level (FPL).

(3) Hawaii, Minnesota, Rhode Island, Tennessee, and Vermont impose premiums and cost-sharing requirements on families with incomes that exceed the minimum federal mandates. This table provides multiple income and age limits for these states. The lower numbers are the levels where premiums begin, the highest number (in brackets) is the program limit. Note that Minnesota and Rhode Island have several income limits for older children.

(4) Maryland provides full Medicaid benefits to pregnant women and infants up to 185% FPL. Children ages 1 to 6 between 133%-185% FPL and 6 to 13 between 100-185% FPL get a reduced benefit package that includes prescriptions, vision care, primary, and preventive care.

(5) The age limit in Michigan is defined as being born after June 30, 1979.

Table B-5

Number and Percentage of Births Paid for by Medicaid, 1995 (1)

	Births Paid for by Medicaid	
	Number	Percent of Total Births
United States	**1,375,124**	**39%**
Alabama	27,867	46%
Alaska	3,282	32%
Arizona	31,567	44%
Arkansas	16,606	47%
California	229,158	42%
Colorado	17,277	32%
Connecticut (2)	10,931	25%
Delaware	3,145	31%
Florida	79,969	45%
Georgia	58,680	52%
Hawaii	n/a	n/a
Idaho	6,608	37%
Illinois (3)	65,000	35%
Indiana	32,686	39%
Iowa	11,892	32%
Kansas	n/a	n/a
Kentucky	n/a	n/a
Louisiana	34,863	53%
Maine	n/a	n/a
Maryland (2)	23,000	32%
Massachusetts	17,335	21%
Michigan	43,986	33%
Minnesota	20,645	33%
Mississippi	25,184	61%
Missouri	29,318	42%
Montana	4,266	38%
Nebraska	6,819	29%
Nevada	6,890	27%
New Hampshire	2,099	21%
New Jersey	n/a	n/a
New Mexico	14,276	53%
New York	103,516	38%
North Carolina	44,756	44%
North Dakota	1,913	23%
Ohio (2)	56,940	40%
Oklahoma (3)	19,103	42%
Oregon	14,865	35%
Pennsylvania	n/a	n/a
Rhode Island	4,170	33%
South Carolina (2)	21,859	47%
South Dakota	3,581	34%
Tennessee	34,639	47%
Texas	151,614	47%
Utah	12,306	31%
Vermont	2,615	39%
Virginia	n/a	n/a
Washington	31,978	42%
West Virginia	21,158	55%
Wisconsin	24,025	36%
Wyoming	2,737	44%

Source: National Governors' Association, September 1997.

N/A = data not available. In some cases, the state cannot calculate the number of births paid for by Medicaid for mothers enrolled in managed care plans.

(1) Figures for calendar year 1995 were reported by the states. The National Governors' Association notes that they cross-checked the number of births with numbers cited in National Center for Health Statistics: "Report of Final Natality Statistics, 1995." Monthly Vital Statistics Report 45(11), supplement, June 10, 1997.

(2) Data based on the state's fiscal year, not the calendar year.

Table B-6

Medicaid Beneficiaries, Enrollees, and Full-Year Equivalent Enrollees, 1995

	Beneficiaries	Enrollees	F.Y.E. Enrollees
United States	**35,214,008**	**41,672,014**	**32,826,963**
Alabama	537,463	621,625	449,383
Alaska	68,117	85,313	65,414
Arizona (1)	493,693	679,919	533,012
Arkansas	349,938	371,047	273,969
California	4,941,800	6,774,415	5,162,511
Colorado	292,647	368,545	268,041
Connecticut	365,744	392,289	322,338
Delaware	78,074	86,232	66,686
District of Columbia (2)	136,888	137,371	112,048
Florida	1,734,434	2,159,321	1,603,122
Georgia	1,137,580	1,234,556	976,174
Hawaii (3)	228,242	251,091	177,391
Idaho	115,014	130,942	91,917
Illinois	1,550,471	1,923,298	1,599,390
Indiana	557,482	640,508	556,752
Iowa	303,628	331,714	245,000
Kansas	251,907	281,396	199,881
Kentucky	621,878	697,804	548,358
Louisiana	761,386	801,930	635,593
Maine (4)	176,646	196,362	153,823
Maryland	412,511	608,929	451,591
Massachusetts	725,178	806,429	732,107
Michigan	1,164,098	1,416,005	1,153,238
Minnesota	459,818	543,551	439,910
Mississippi	519,467	564,341	450,460
Missouri	695,458	790,362	641,061
Montana	97,555	104,064	75,471
Nebraska	163,305	178,624	137,269
Nevada	104,620	140,784	99,849
New Hampshire (4)	102,086	111,428	79,812
New Jersey	777,346	879,326	709,127
New Mexico	283,077	331,808	231,663
New York	3,024,183	3,327,395	2,773,060
North Carolina	1,076,316	1,128,946	846,087
North Dakota	61,284	69,108	54,851
Ohio	1,504,506	1,607,557	1,277,999
Oklahoma	393,127	458,558	325,591
Oregon	451,959	485,222	304,376
Pennsylvania	1,230,193	1,773,621	1,463,197
Rhode Island	135,530	151,820	128,242
South Carolina	494,379	540,682	436,374
South Dakota	73,422	83,239	61,054
Tennessee (1)	n/a	1,487,422	n/a
Texas	2,531,155	2,888,398	2,139,953
Utah	160,408	204,619	137,965
Vermont	97,361	105,096	84,969
Virginia	678,312	725,345	575,300
Washington (4)	708,177	846,177	655,296
West Virginia	388,662	449,898	297,844
Wisconsin	458,722	640,028	496,427
Wyoming	51,342	57,554	38,600

Source: HCFA-2082 reports, unless noted otherwise

"Enrollees" are people that sign up for Medicaid and are eligible to receive services; enrollees do not necessarily use services. "Beneficiaries" are enrollees that actually use services. "Full-year equivalent enrollees" are enrollee counts adjusted to reflect the fact that not all enrollees remain in Medicaid for an entire year.

(1) Medicaid programs in Arizona and Tennessee are almost completely capitated. Under such arrangements, total enrollee counts are a more appropriate measure of beneficiaries than enrollees actually receiving services, since payment is not based on use of services. We used a combination of data from HCFA-2082 reports and supplemental state data to estimate enrollee counts. See Appendix C.

(2) For certain groups in these states, the number of beneficiaries was greater than the number of enrollees; beneficiary counts were adjusted accordingly.

(3) Hawaii's HCFA-2082 report for 1995 appears to exclude data from QUEST, the state's large demonstration project. Data shown here are Urban Institute estimates based on data from HCFA-2082 reports and supplemental state data. See Appendix C.

(4) Beneficiary counts for certain groups in these states were inexplicably low compared to past data and current enrollee levels; beneficiary counts were adjusted accordingly.

C. Data Sources and Methodology

DATA SOURCES AND METHODOLOGY

Maintaining comparable data across state programs, and even across years within one state, is becoming more difficult as state Medicaid programs increasingly turn to managed care, section 1115 research and demonstration projects, and other waivers to tailor programs to meet state-specific needs. Data used in creating the tables in this report come primarily from state reports to the Health Care Financing Administration (HCFA). In some cases, however, extensive use of Medicaid managed care or data problems or both related to a Section 1115 demonstration necessitated data from additional sources. States in which additional information was used are discussed later in this section.

Data Sources

The primary data sources used in this report are HCFA-2082 reports (Statistical Report on Medical Care: Eligibles, Recipients, Payments, and Services) and HCFA-64 reports (State Quarterly Statements of Medicaid Expenditures for the Medical Assistance Program). HCFA-2082 reports are basic sources of state-reported data on Medicaid population characteristics and utilization. These reports contain state-level data on Medicaid beneficiaries (which we define as people actually receiving Medicaid services), reasons for enrollment, the types of medical services provided to beneficiaries, and government expenditures on these services. HCFA-64 reports, by contrast, are accounting statements of expenditures made by the states for which they are entitled to receive federal reimbursement under title XIX of the Social Security Act. Expenditure data on HCFA-64 reports are considered to be more reflective of true Medicaid spending than expenditure data from HCFA-2082 reports, but the HCFA-64 reports lack enrollment data and report only aggregate spending by state and type of medical service.

Seeking to draw on the strengths of both sources, Urban Institute researchers developed a crosswalk. This crosswalk uses expenditure data from HCFA-2082 reports to determine relative expenditures by age, disability, and eligibility group. Total spending by state and type of service are then adjusted to match the levels in HCFA-64 reports. Beneficiary data come only from HCFA-2082 reports (except in Hawaii, Oregon, and Tennessee; see "1115 Waiver States" below). As discussed in the next section, expenditure and beneficiary data from HCFA-2082 reports may be edited prior to using these data in the calculations.

Data Edits

Historically, HCFA-2082 reports have been problematic data sources, although data quality has vastly improved in recent years. Still, these data often contain errors. Common errors include missing, zero, or negative expenditures for some services or eligibility groups; extreme shifts in expenditures or enrollment patterns across years; and inconsistencies between enrollment and expenditure levels.

To correct these errors, a number of adjustments are made. Some adjustments correct obviously erroneous data, while others address classification errors. These edits do not affect total expenditures reported by state, and only rarely will they affect total spending for a particular service. Rather, most edits change the distribution of expenditures among groups (spending for a given service for adults relative to the spending for the same service for children, for example) to better reflect how the dollars were actually spent.

Likewise, total beneficiary counts from HCFA-2082 reports are rarely affected by the edits. Most edits will only change the cash and non-cash distribution of beneficiaries within groups, just as with the expenditure data. However, a few adjustments require considerable changes to state data. These adjustments are described in more detail later in this section (see Section 1115 Waiver States).

209(b) States

A number of states use different Medicaid eligibility rules for aged, blind, and disabled persons, exercising an option available under section 209(b) of the Social Security Amendments of 1972. This option allows states to continue using the financial standards and definitions for disability they had in effect prior to the establishment of the Supplemental Security Income (SSI) program to determine Medicaid eligibility for the aged, blind, and disabled. States not exercising the 209(b) option are required to make all SSI recipients automatically eligible for Medicaid.

One result of this option is that 209(b) states can have definitions of cash and non-cash status for the aged, blind, and disabled that are inconsistent with

the definition used by the vast majority of states. Whereas most states report all SSI beneficiaries under "cash assistance," SSI recipients in 209(b) states could be categorized as "non-cash" since disability—not SSI cash assistance—is the basis of eligibility.

Four 209(b) states had unusual distributions for aged, blind, and disabled beneficiaries in 1995 (Connecticut, Hawaii, New Hampshire, and Ohio). These states reported few, if any, aged, blind, and disabled Medicaid beneficiaries under cash assistance. To keep the definition of cash assistance consistent across states, data from other 209(b) states with more compatible distributions were used to estimate cash and non-cash distributions for the aged, blind, and disabled in these problem states. Note that this does mean that data from these four states are necessarily incorrect; rather, the changes were made because the categorization of recipients in those states did not allow direct comparison with other states.

Payments to Managed Care Organizations and Medicare

Recent growth of capitated payments under Medicaid managed care makes it increasingly challenging to understand individual state Medicaid programs, or to prepare multi-state comparison tables like the ones in this book. In the past, states primarily reported expenditures by type of service for adults, children, disabled, and elderly beneficiaries. For example, spending was presented as inpatient hospital, physician services, and outpatient services for each beneficiary group. Under managed care arrangements, states tend to report only total payments to managed care organizations. Little information is gathered on either HCFA-2082 or HCFA-64 reports as to how and for whom these dollars are spent. While more detailed data are sometimes available directly from state Medicaid offices, it is often difficult to present these data so that they are comparable across states.

The net result of increasing managed care use is that claims-based data on acute care service utilization are being replaced by lump-sum capitated amounts.[1] Nonetheless, it is essential to include capitated payments when determining spending per beneficiary—especially for adults and children—so that these estimates are not increasingly biased downward as more people enroll in managed care.

[1] Medicaid is not unique in this regard and only reflects nationwide trends.

For this report, payments to managed care organizations are assumed to cover primarily non-disabled adults and children, except the medically needy. Payments to MCOs in each state are allocated to adults and children based on overall Medicaid enrollment and claims-based acute care expenditures. More weight is given to groups reporting high relative enrollment levels, but lower relative acute care spending. This method works under the assumption that payments to MCOs replace spending previously reported under specific acute care services.

The following formula was typically used to estimate the amount of payments to MCOs attributable to each of four eligibility groups that typically enroll in managed care plans:[2]

$$\frac{\frac{p_{e,i}}{p_{a,i}} * p_{e,i}}{\sum_{i=1}^{4}\left(\frac{p_{e,i}}{p_{a,i}} * p_{e,i}\right)} * X_{mc}$$

Where:

$p_{e,i}$= percent of total enrollment for group i

$p_{a,i}$= percent of total fee-for-service acute care expenditures for group i

X_{mc}= total reported payments to MCOs and group health plans for the state

The percentage of total fee-for-service acute care expenditures for each group ($p_{a,i}$) is first adjusted to reflect the fact that adults, especially pregnant women, ordinarily cost about 50% more to cover than children. Total payments are then distributed based on relative enrollment ($p_{e,i}$). If a group's enrollment percentage is higher or lower than its expected fee-for service acute care use ($p_{a,i}$), the percentage is adjusted upward or downward accordingly. Finally, the denominator of the equation rebases the percents such that they sum to 1. This method to was used distribute MCO spending in all states except those involved in section 1115 demonstrations, where payments to MCOs constitute a much larger share of total Medicaid spending.

While also growing in recent years, payments to Medicare are a relatively small portion of total Medi-

[2] The four eligibility groups are cash assistance adults, cash assistance children, poverty-related adults, and poverty-related children.

caid spending in most states. For this report, payments to Medicare in each state are distributed to elderly and blind/disabled beneficiaries using a 65 percent to 35 percent split, respectively. Relative spending on cash assistance and other beneficiaries within each group are then based on relative beneficiary levels.

Section 1115 Waiver States

Section 1115 waivers, also called research and demonstration waivers, are increasingly being used by states to enact a broad variety of initiatives. Under authority given in section 1115 of the Social Security Act, states can deviate from many Medicaid requirements in order to test new ideas. Currently approved waiver projects range from small-scale pilot projects testing new benefits or financing mechanisms to major restructuring of state Medicaid programs.

Six states operated all or part of their Medicaid programs under section 1115 waivers in 1995: Arizona, Hawaii, Minnesota, Oregon, Rhode Island, and Tennessee. All of these demonstrations enrolled a significant number of beneficiaries in managed care, requiring a deviation from the standard method of distributing payments to MCOs. Reporting problems were also more prevalent in these states, especially cases of missing or unknown data. Consequently, significant changes to some data from these states were made so that they could be included in this report. In all cases, considerable effort was made to maintain consistency with each state's current and historical reporting. This section summarizes the changes.

Arizona

Created in 1982, the Arizona Health Care Cost Containment System (AHCCCS) was the first statewide, pre-paid Medicaid managed care program in the nation. Primarily an acute care program, AHCCCS is largely funded through capitated payments. In 1988, Arizona added the Arizona Long-Term Care System (ALTCS) to provide long-term care services through capitated payments. Due to the unique structure of these two programs, Arizona's Medicaid data are typically difficult to compare or combine with other states. Several adjustments were required to keep Arizona in the tables.

A very large percentage of Arizona's expenditures are classified as "payments to MCOs." For most states, MCO payments are classified as acute care spending for non-disabled adults and children. There are two problems with this approach in Arizona. First, the state provides both acute and long-term care services through capitated arrangements. Second, both programs cover elderly, blind, and disabled people through capitated payments.

To address these problems, the Arizona AHCCCS program was contacted and additional information was requested to help distribute these payments to MCOs to the appropriate groups. Based on information provided by the state, a portion of MCO payments were removed from acute care and distributed among long-term care services. This adjustment brought acute care and long-term care expenditures in line with total spending for AHCCCS and ALTCS, respectively. The remaining payments to MCOs were then distributed among the aged, blind and disabled, adults, and children based on nationwide spending per beneficiary estimates.

Hawaii

Implemented in August 1994, Hawaii's QUEST program enrolls AFDC-related and poverty-related groups in managed care.[3] In 1995, coverage was also extended to non-elderly, non-disabled uninsured persons with incomes under 300 percent of the federal poverty line (although some people are required to pay a premium). Hawaii's 1995 HCFA-2082 report appears to exclude recipient and expenditure data for people covered by QUEST.[4] Thus, while aggregate expenditure data were available from the HCFA-64 report, there was no sufficient data to categorize these expenditures by beneficiary group. Sources other than the HCFA-2082 were required to estimate the number of QUEST beneficiaries.

Additional data was obtained from Hawaii, but it was difficult to categorize in the same manner as other states report to HCFA. Based on these data, roughly 175,000 QUEST beneficiaries were estimated to be missing from the state's HCFA-2082 report. These people were categorized as either adults or children based on Hawaii's estimates of enrollment by age. These new beneficiaries were then given a cash and non-cash status based on Hawaii's estimates of the

[3] QUEST is an acronym for the five initial goals of Hawaii's waiver program, which are: quality of care, universal access, efficient utilization, stable cost, and transformation.

[4] Data were present on form 2082 for the aged, blind, and disabled since these groups are still covered on fee-for-service basis.

number of AFDC, foster children, general assistance, and SHIP beneficiaries participating in QUEST.[5]

The prevalence of managed care in Hawaii also caused a large portion of expenditures to be reported as payments to MCOs on the state's HCFA-64 report. Using more data obtained directly from Hawaii, payments to adults and children were distributed based on estimated per capita costs.

Minnesota

Minnesota received approval for a managed care program to operate in 14 counties in 1995. The Prepaid Medical Assistance Plan (PMAP) covers all children up to age 19 with family incomes below 275 percent of the federal poverty level. The state's beneficiary data appear consistent with its current Medicaid rules. However, Minnesota's 1995 expenditure data from the HCFA-64 report include little or no spending for most acute care services. The exception is a very large amount of "other acute" expenditures. This other acute spending appears to include nearly all of the state's acute care spending for 1995. Medicaid officials in Minnesota confirmed that there was a problem with the HCFA-64 report due to a change in the state's computer system, but revised data are not yet available. Consequently, the state's historical HCFA 64 expenditure data were used to redistribute most of this other acute spending to specific acute care services.

Oregon

In 1994, Oregon began enrolling Medicaid-eligible adults and children in managed care through the Oregon Health Plan (OHP). The OHP expanded Medicaid eligibility to people with family incomes less than 100 percent of the federal poverty line, or FPL. The previous limit was 67 percent of the FPL. Oregon also covers pregnant women and uninsured children below age 6, as long as they have family incomes below 133 percent of the FPL. Initially, the OHP excluded people age 65 and older, people with disabilities, and foster children. In 1995, Phase II of implementation extended eligibility to many of these people.[6] The program also began enrolling people in nursing facilities and other medical institutions who receive home- and community-based services, if their incomes were below 300 percent of SSI.

Data problems arose in Oregon because the state's HCFA-2082 report contained data categorized using state-specific, unique Maintenance Assistance Status and Basis of Eligibility codes. As a result, much of Oregon's expenditure and beneficiary data are categorized as "unknown" in the HCFA-2082 data released by HCFA. Based on data from an auxiliary HCFA-2082 report provided by Oregon, the "unknown" expenditures and beneficiaries were reclassified under adults and children receiving non-cash assistance.

Oregon also reports a substantial amount of payments to MCOs on its 1995 HCFA-64 report. The state also enrolls elderly, blind, and disabled persons in capitated arrangements, so the usual distribution formula could not be used. To provide the best possible estimates of spending per beneficiary, data provided by both Oregon and HCFA were used to distribute payments to MCOs across all eligibility groups.

Finally, Oregon provides a large percentage of long-term care through Home- and Community-Based Service (HCBS) waivers, but the distribution of HCBS spending is not recorded on HCFA-2082 reports. Supplemental data from Oregon were used to redistribute HCBS waiver expenditures among elderly, blind and disabled beneficiaries.

Rhode Island

Implemented in August 1994, Rhode Island's RIte Care enrolls all AFDC-related and poverty-related eligibles in Medicaid managed care. The state extended coverage in 1995 to include pregnant women and uninsured children age six or younger with family incomes under 250 percent of the federal poverty line (with some cost sharing above 185 percent). As expected, Rhode Island's reported payments to MCOs are noticeably higher on the 1995 HCFA-64 report than in 1994. Similarly, there are more adult and child eligibles reported on the HCFA 2082 (these people show up under "non-cash assistance" in the tables).

There does not appear to be a problem with Rhode Island's current data; no data are missing, and re-

[5] Hawaii's State Health Insurance Program (SHIP) was a predecessor of QUEST.

[6] Eligibility for the aged, blind, and disabled was limited to individuals receiving payments from either SSI or the Oregon Supplemental Income Program (OSIP).

ported data are consistent with the state's Medicaid rules. Unfortunately, Rhode Island's HCFA-2082 reports for previous years frequently contained erroneous or missing data that necessitated data estimation. There are some noticeable differences between Urban Institute estimates for previous years and the reported 1995 data. Only one edit was made to the 1995 data, which was to redistribute payments to MCOs among all reported adult and child beneficiaries. Due to reporting problems in past years, readers may notice significant differences when comparing Rhode Island's 1995 data with data from other years.

Tennessee

One of the largest 1115 waiver programs, Tennessee's TennCare program enrolls all Medicaid eligibles in managed care except qualified Medicare-only beneficiaries. Data problems arose with Tennessee because the state submitted its 1115 demonstration data to HCFA using state-specific, unique Maintenance Assistance Status codes. Consequently, data received from HCFA contain large numbers of eligibles and expenditures categorized as unknown. Other information from HCFA revealed more potential problems with Tennessee's 1995 HCFA-2082 report, including:

- inconsistent counts of aged recipients in mental health hospitals,
- excessive recipients and expenditures classified under other acute care, and
- under-reported capitated payments.

These last two problems cause Tennessee's recipient counts to exceed the total enrollment count. Using data obtained from TennCare, new enrollee and recipient counts for 1995 were calculated based on average monthly caseloads. Similarly, TennCare provided additional managed care enrollment and capitation rate information that allowed more accurate distribution of payments to MCOs.

Other State-Specific Notes

Two additional states had technical issues with their data. These are explained below.

Indiana

Readers may note unusual spending trends in Indiana between 1991 and 1995 on several tables in the "State Profiles" section of this report. These trends are a result of Indiana's previous contract with a Health Insuring Organization (HIO), an arrangement that ended in 1994.

State officials informed us that Indiana paid negotiated premiums on a per recipient basis for services. The HIO shared the risk with the Medicaid program. At the end of each year, actual costs were compared to the premiums collected, and excesses or shortfalls beyond a set threshold were split by formula between the Medicaid program and the HIO in a settlement process. In general, the HIO returned large amounts of money to the state. Because the state recorded these settlements as accounting adjustments on its HCFA-64 reports, they do not show up in the expenditures reported in most tables. However, expenditures reported in the State Profiles section include the initial payments to the HIO. Consequently, spending in Indiana between 1992 and 1994 is likely to be overstated.

Massachusetts

Readers may also note the unusually high rate of growth for expenditures per beneficiary in Massachusetts between 1993 and 1995. The growth rates in state level trend tables used in this report likely overstate the actual rate of growth. Two factors lead us to make this assertion. First, the state reported a decrease in beneficiaries (recipients) in both 1994 and 1995, but their reported enrollment grew over the same period. This implies that the beneficiary count may be low.

Second, a closer look at Massachusetts' HCFA 64 data reveals rapid growth in certain services from 1993 to 1995—especially other care. Discussions with state officials revealed that Massachusetts contracts with an HIO to provide some services. The HIO receives a large payment up front, and unused funds are returned to the state during a settlement process. Money returned to the state is recorded as an adjustment on the HCFA-64 report. The expenditure data used to calculate spending per beneficiary do not include adjustments, however they include initial payments to the HIO. Consequently, actual spending per beneficiary in recent years is probably lower than the figures shown in this report.

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