Figure 1

The Faces of Medicaid

National Medicaid Congress

Pre-Conference: Medicaid Basics and Overview

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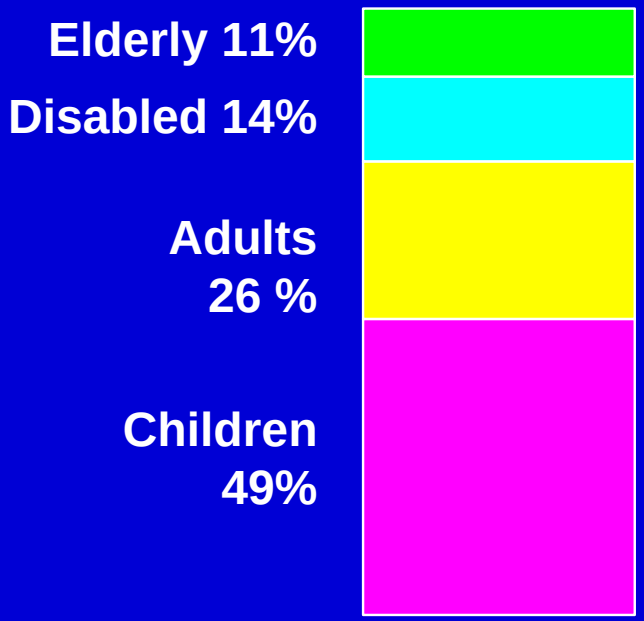
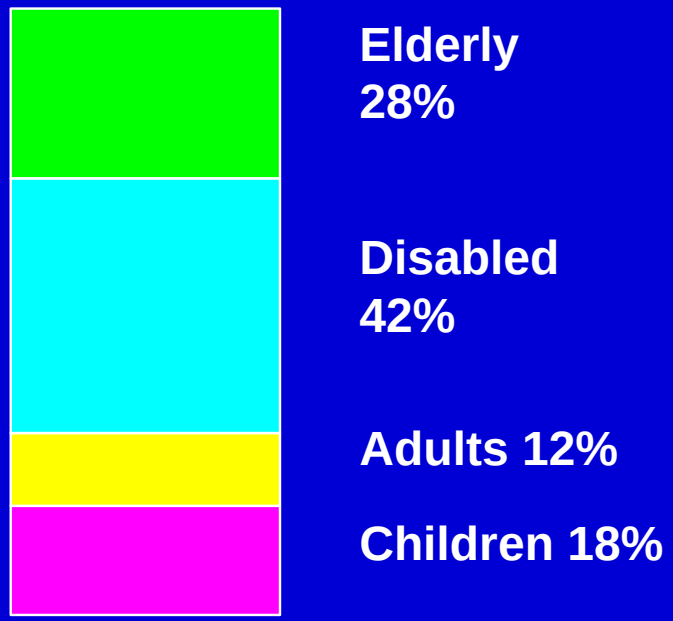
Figure 2

Medicaid Enrollees and Expenditures by Enrollment Group, 2003



Enrollees

Total = 55 million



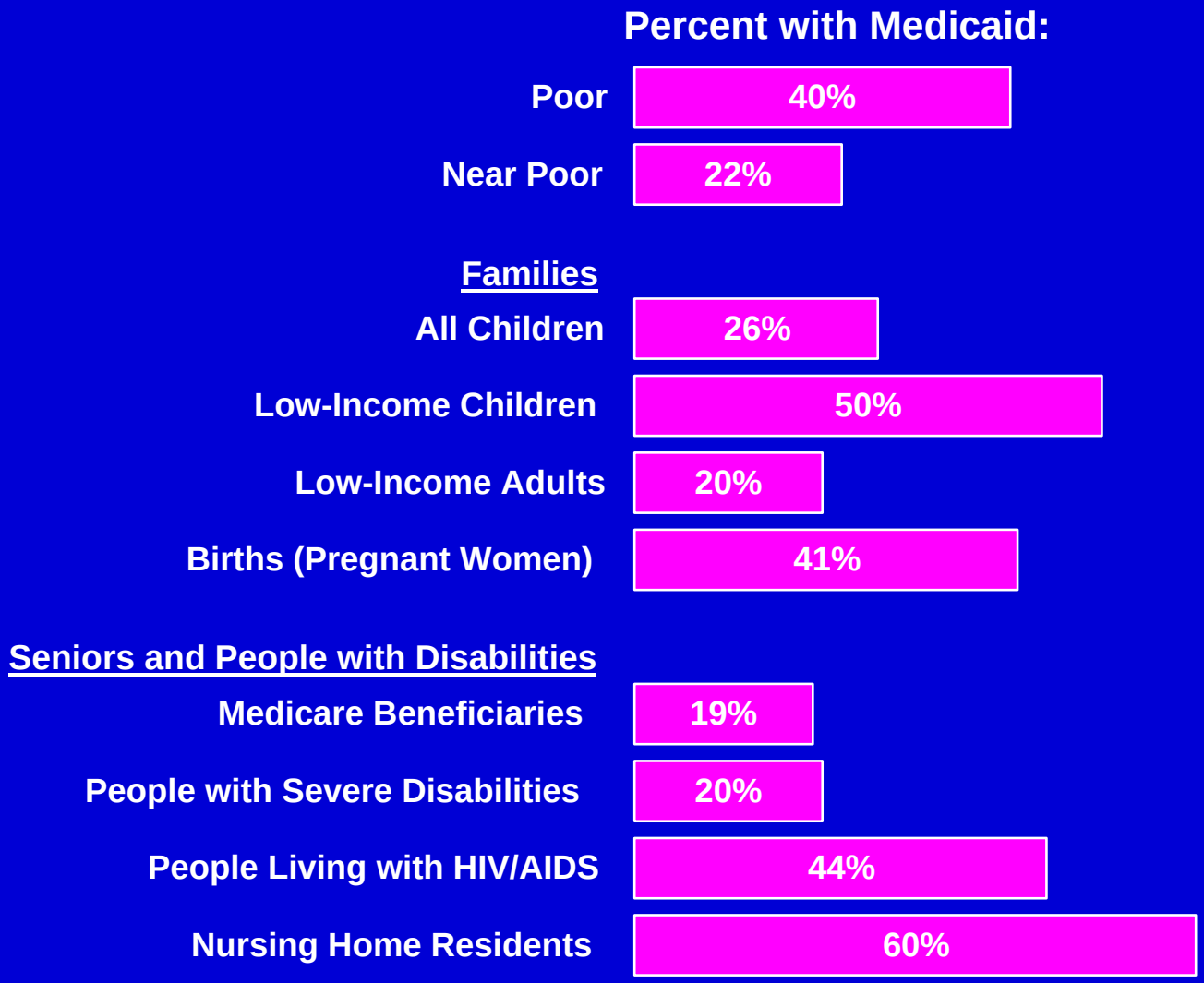
Expenditures on benefits

Total = $234 billion

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on 2003 MSIS data.

Figure 3

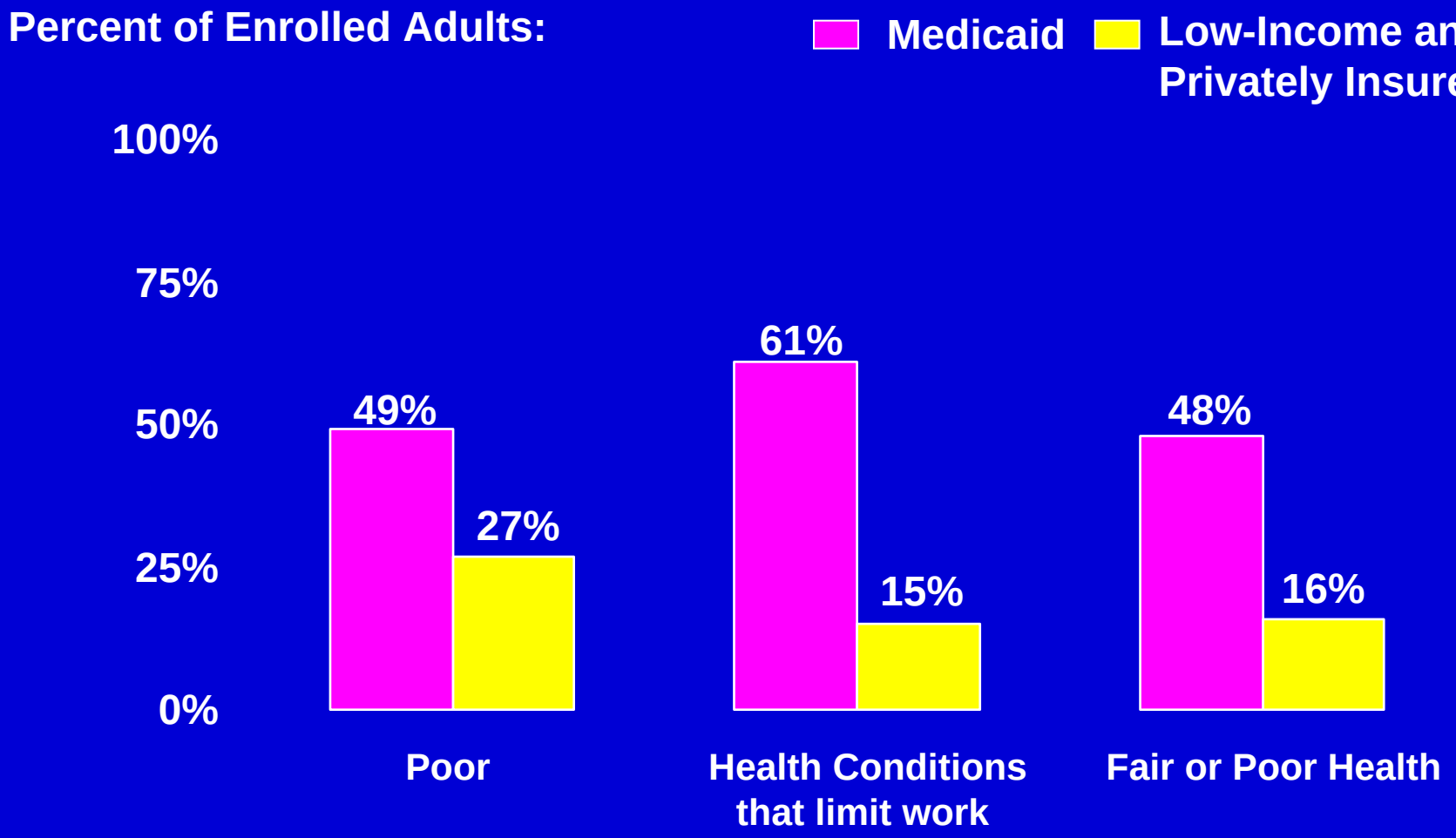
Medicaid Serves a Diverse Population



Note: "Poor" defined as <100% of federal poverty level, which was $19,971 for a family of four in 2005.
Source: Estimates by Kaiser Commission on Medicaid and the Uninsured and Urban Institute; birth data from *MCH Update*, National Governors Association.

Figure 4

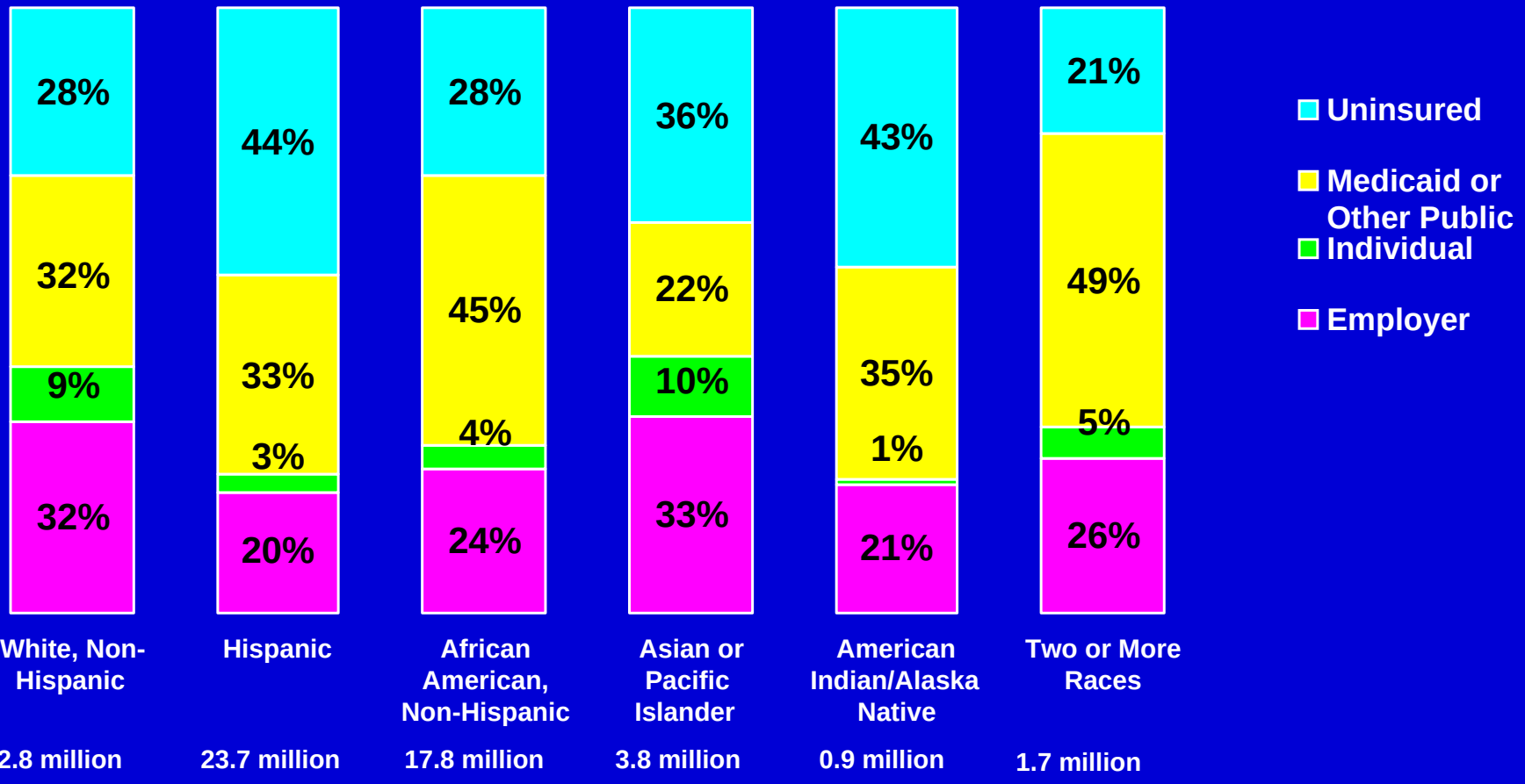
Medicaid Enrollees are Poorer and Sicker Than The Low-Income Privately Insured Population



SOURCE: Coughlin et. al, "Assessing Access to Care Under Medicaid: Evidence From the Nation and Thirteen States," *Health Affairs* July/August 2005, 24(4): 1073-1083 .

Figure 5

Health Insurance Coverage of the Low-Income Nonelderly Population by Race/Ethnicity, 2005



Notes: Low-income is defined as family income less than 200% of the federal poverty level, or $39,942 for a family of four in 2005. Nonelderly includes individuals up to age 65. “Other Public” includes Medicare and military-related coverage. Data source is the March 2005 Current Population Survey.

Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates.

Figure 6

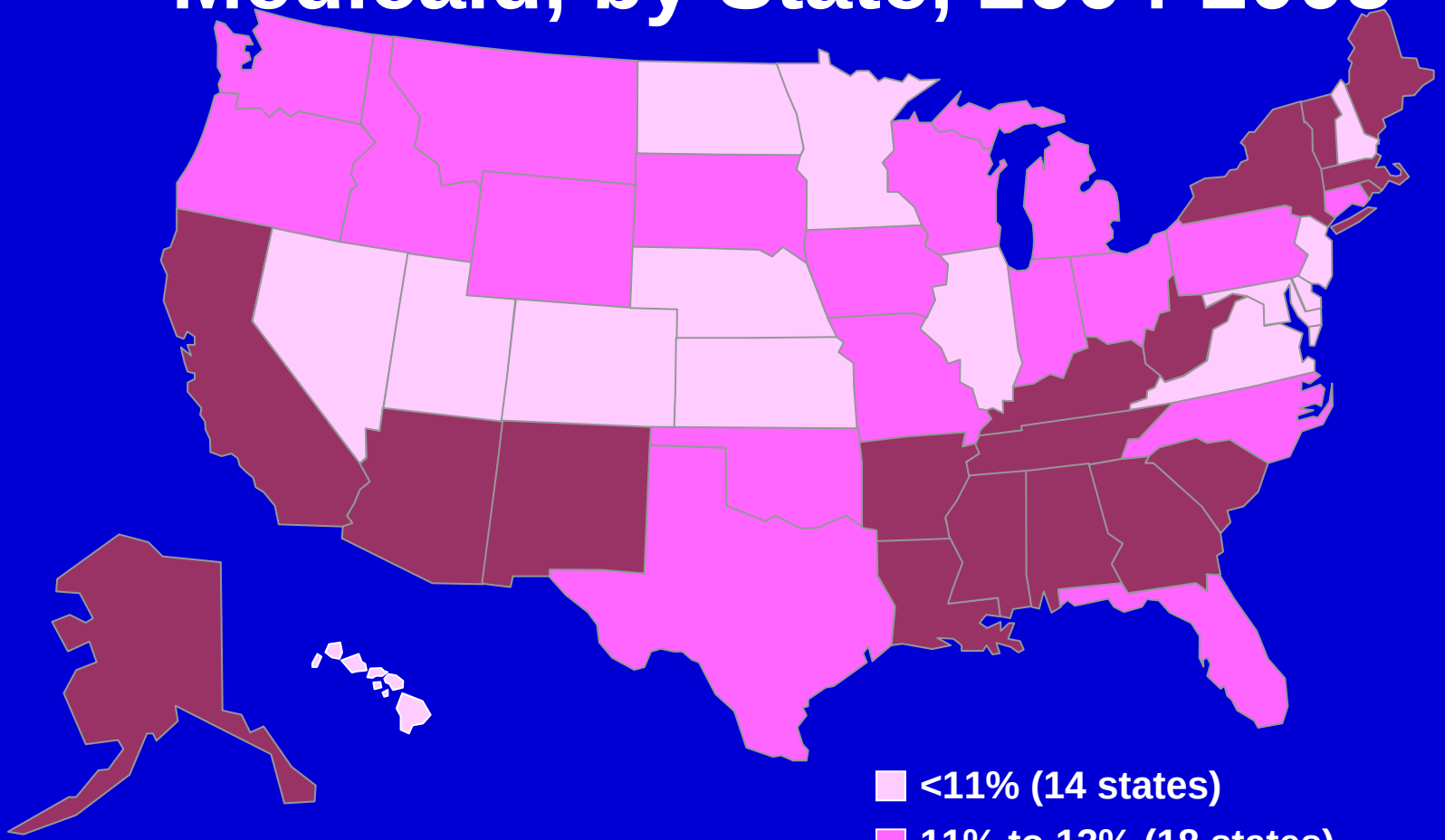
Medicaid Covers a Broad Range of People with Extensive Needs

Medicaid serves low-income children and families, seniors and people with disabilities. Among these categories, it is tasked with meeting a very broad array of health and long-term services needs

- People with intellectual and developmental disabilities
- People with HIV/AIDS
- People with physical disabilities
- People with mental illness
- People with neurological conditions
- People with Alzheimer's disease and related conditions

Figure 7

Percent of Total Residents Covered by Medicaid, by State, 2004-2005



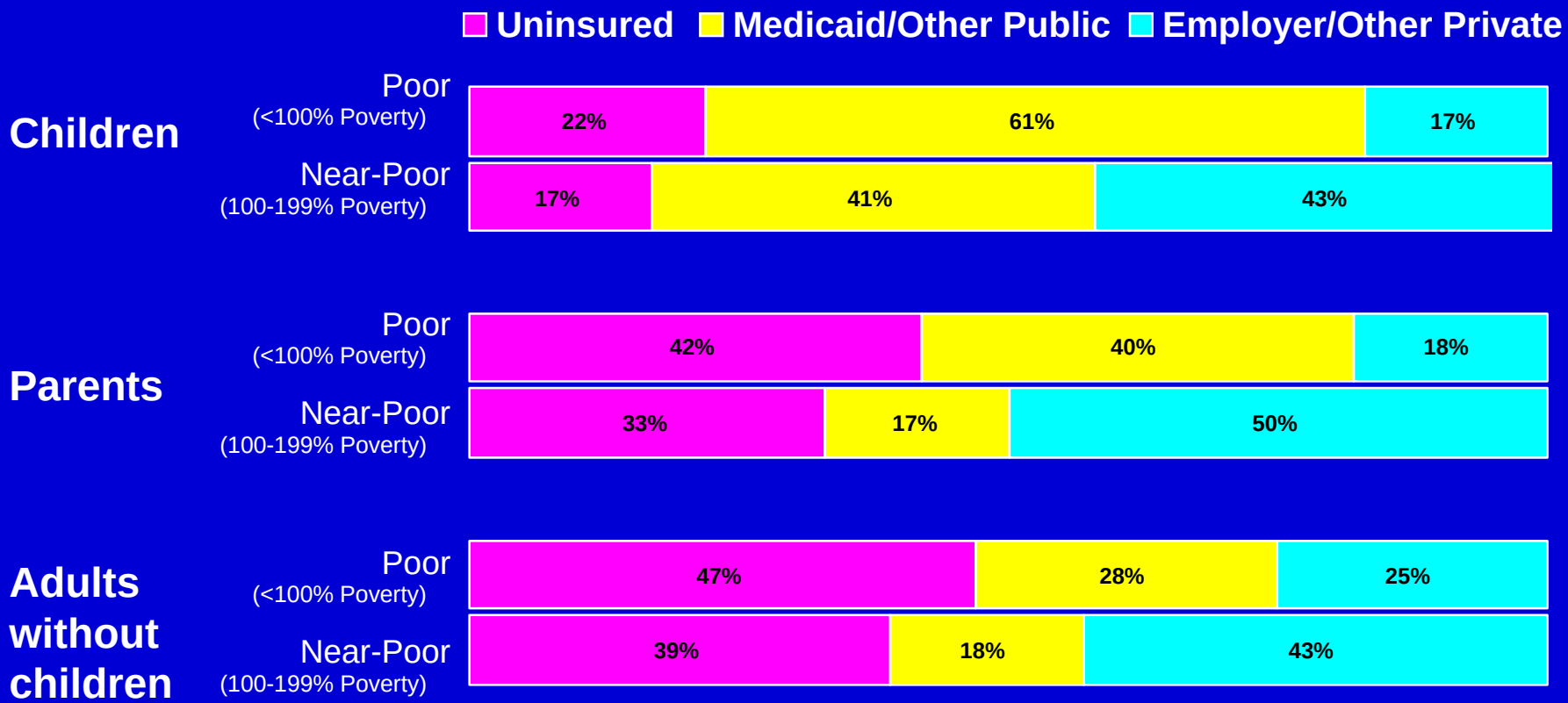
Note: Includes the population over 65 years of age. Medicaid includes S-CHIP, other military-related coverage and dual-eligibles, but does not include people only on Medicare.
SOURCE: KCMU and Urban Institute analysis of two-year pooled data from March 2005 and 2006 Current Population Survey, 2006.

Figure 8

Medicaid is a Major Source of Health Coverage for Low-Income Children and Families

Figure 9

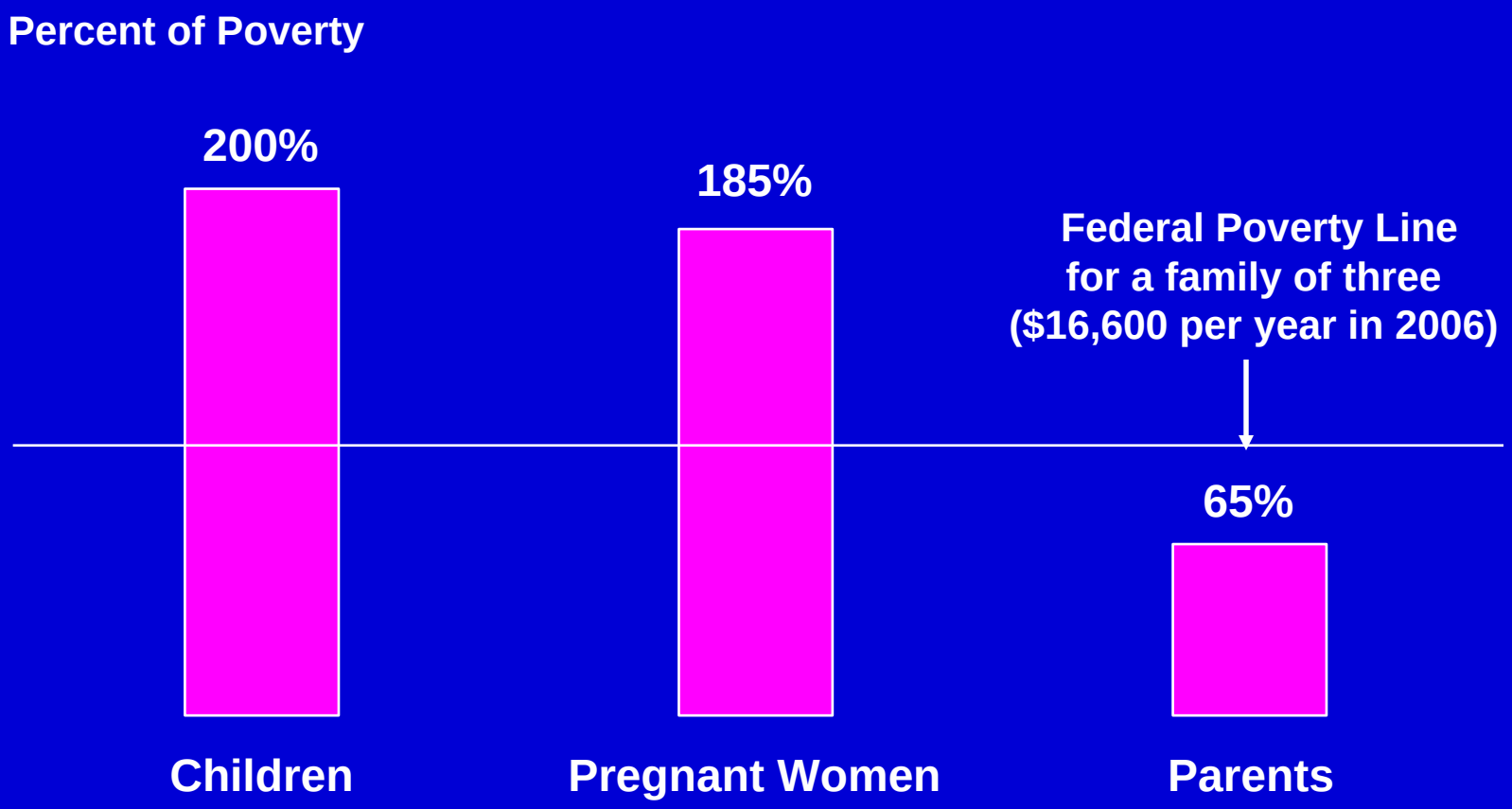
Health Insurance Coverage of Low-Income Adults and Children, 2005



Notes: Medicaid also includes SCHIP and other state programs, Medicare and military-related coverage. The federal poverty level was $19,971 for a family of four in 2005. Data may not total 100% due to rounding.
Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of March 2006 Current Population Survey.

Figure 10

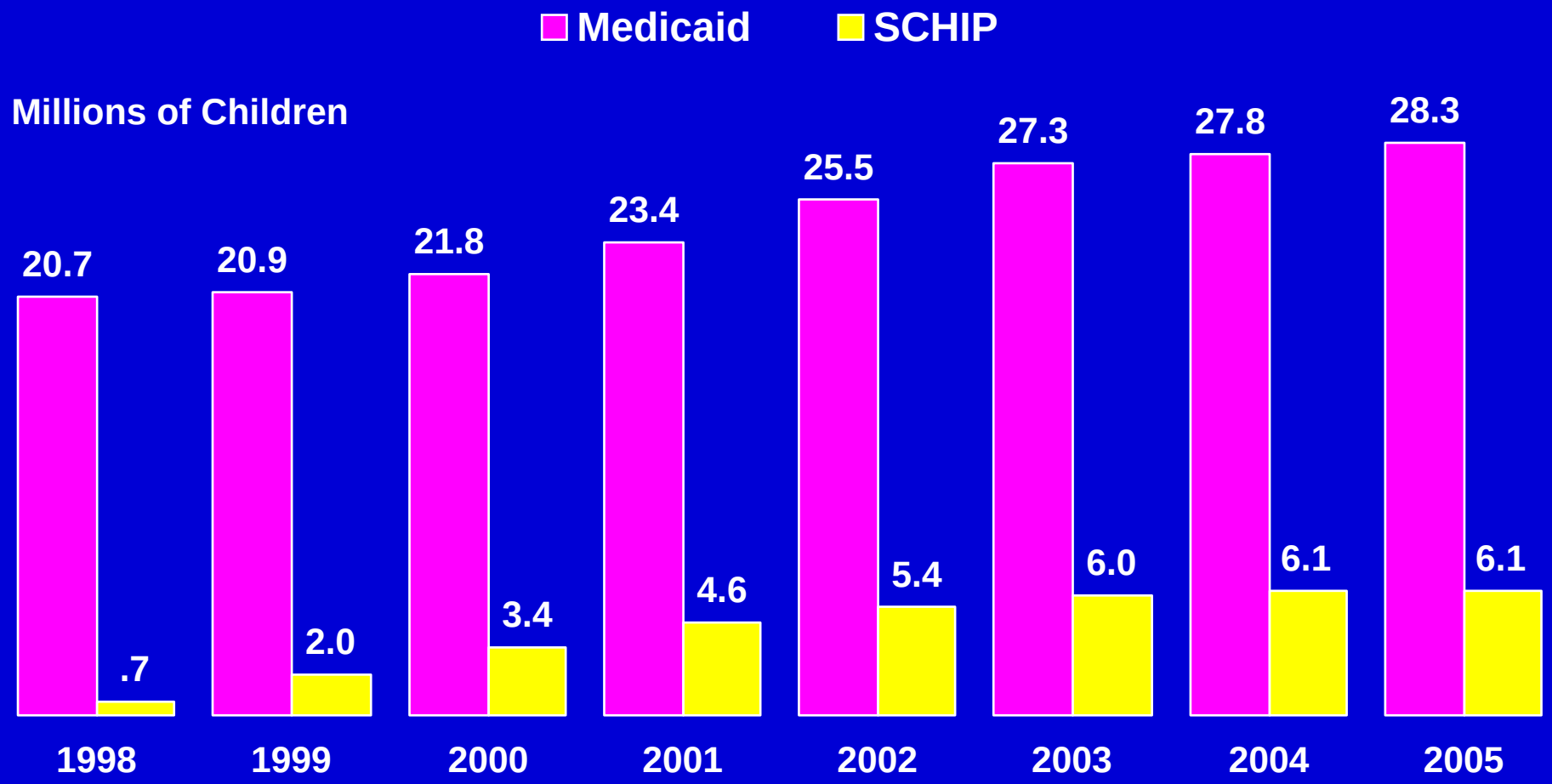
Median Medicaid/SCHIP Income Eligibility Threshold for Children, Pregnant Women, and Working Parents, July 2006



Note: Eligibility levels for parents based on the income threshold applied to a working parent in a family of three.
Source: Kaiser Commission on Medicaid and the Uninsured, based on a national survey conducted by the Center on Budget and Policy Priorities for KCMU, 2006.

Figure 11

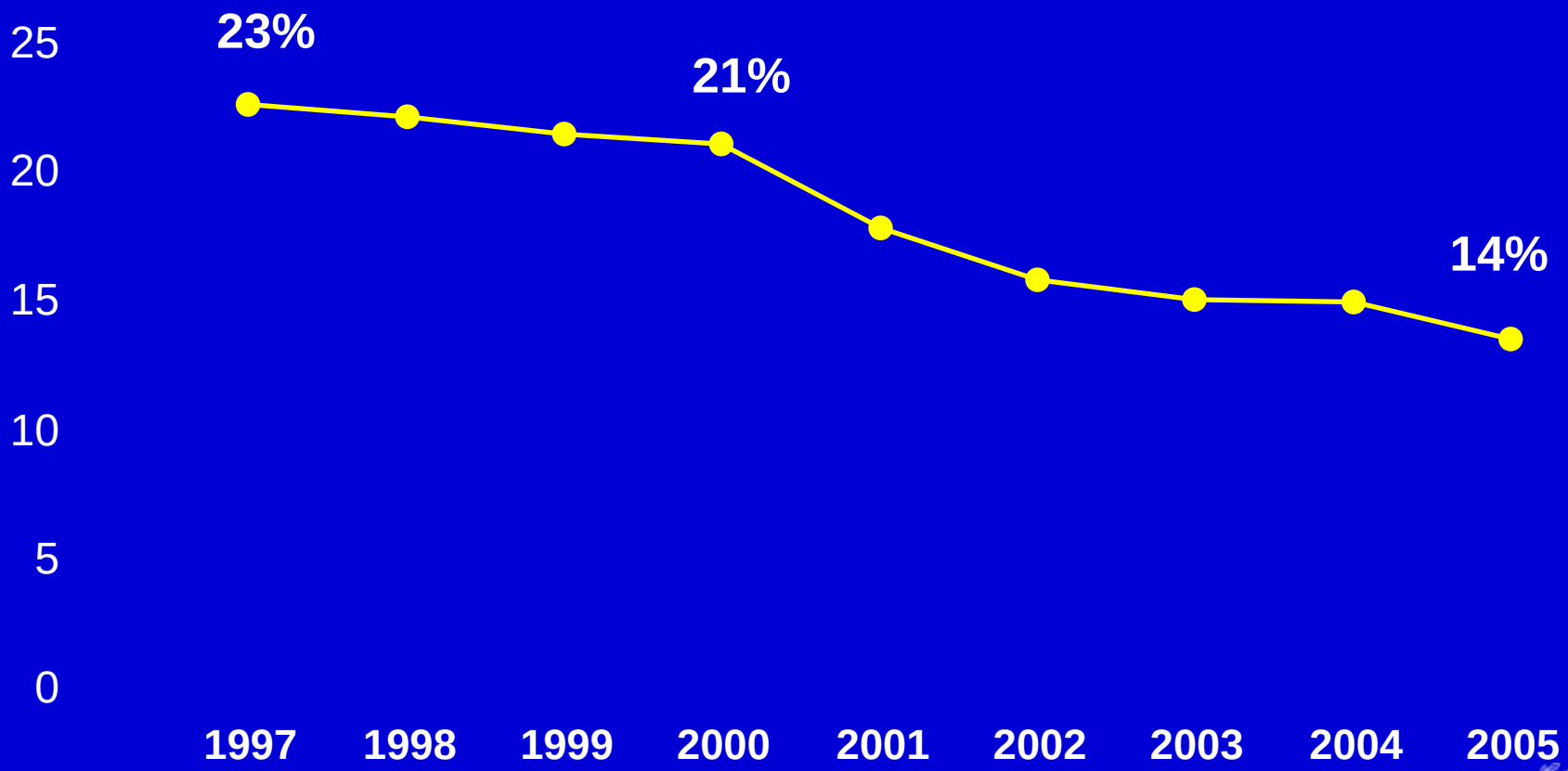
Medicaid and SCHIP Enrollment of Children, FY 1998 – FY 2005



SOURCE: Kaiser Commission on Medicaid and the Uninsured and Urban Institute analysis of HCFA-2082, MSIS, and SEDS data, 2007.

Figure 12

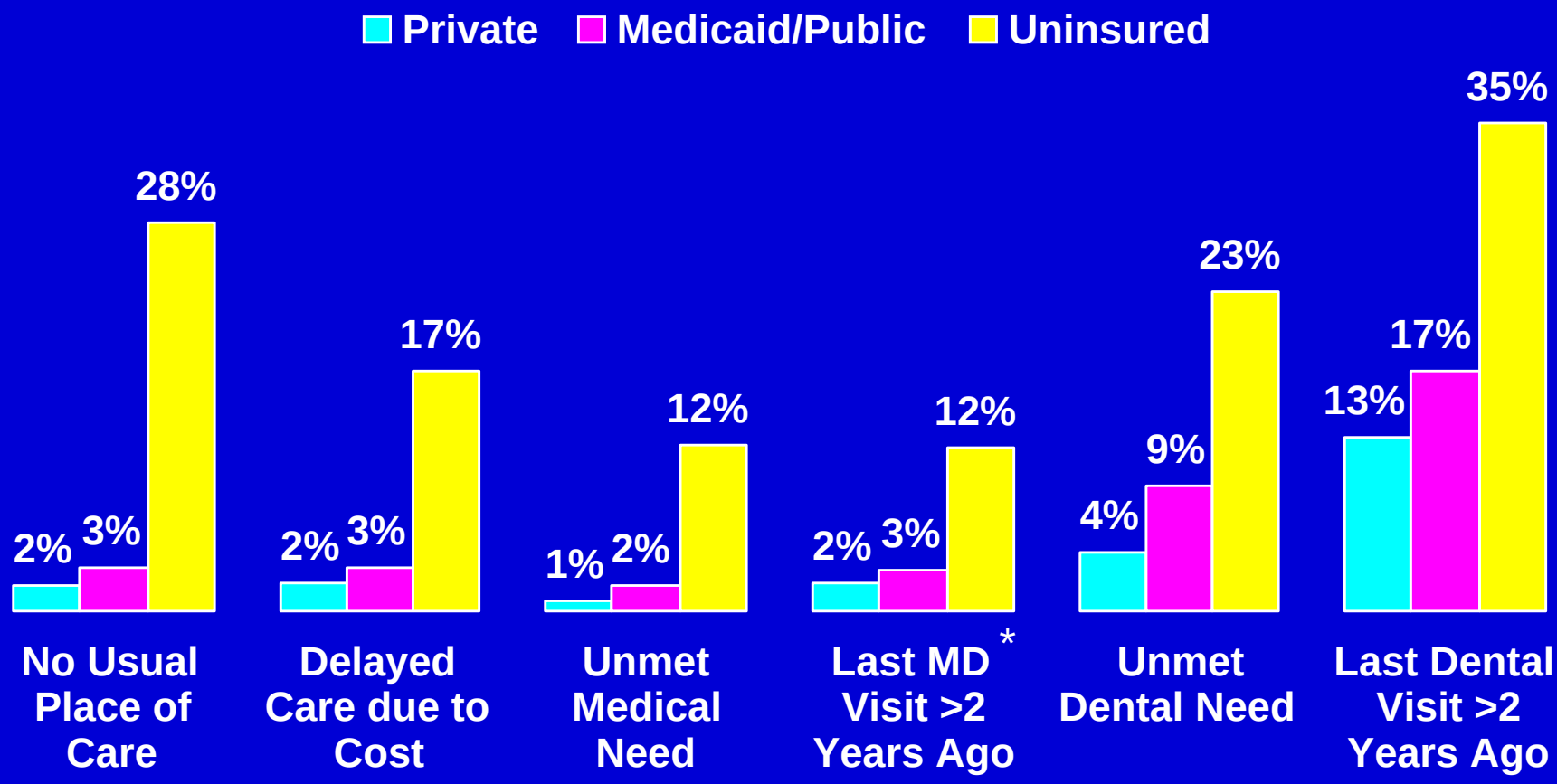
And, the Percentage of Low-Income Children Without Health Insurance Has Declined



Note: Low-income is defined as children in families with income below 200% of poverty.
Source: L. Ku, “Medicaid: Improving Health, Saving Lives,” Center on Budget and Policy Priorities analysis of National Health Interview Survey data, August 2005.

Figure 13

Health Coverage Promotes Improved Access to Care for Children



* MD or any health care professional, including time spent in a hospital. All estimates are age-adjusted.

SOURCE: National Center for Health Statistics, CDC. 2006. Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2005.

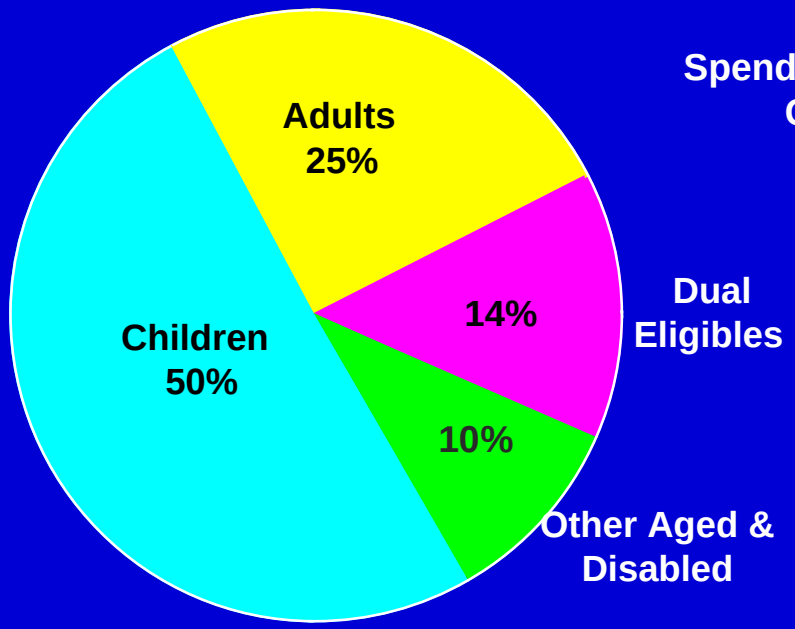
Figure 14

Medicaid Bears a Significant Responsibility for Supplementing Medicare for Low-Income Beneficiaries (Dual Eligibles)

Figure 15

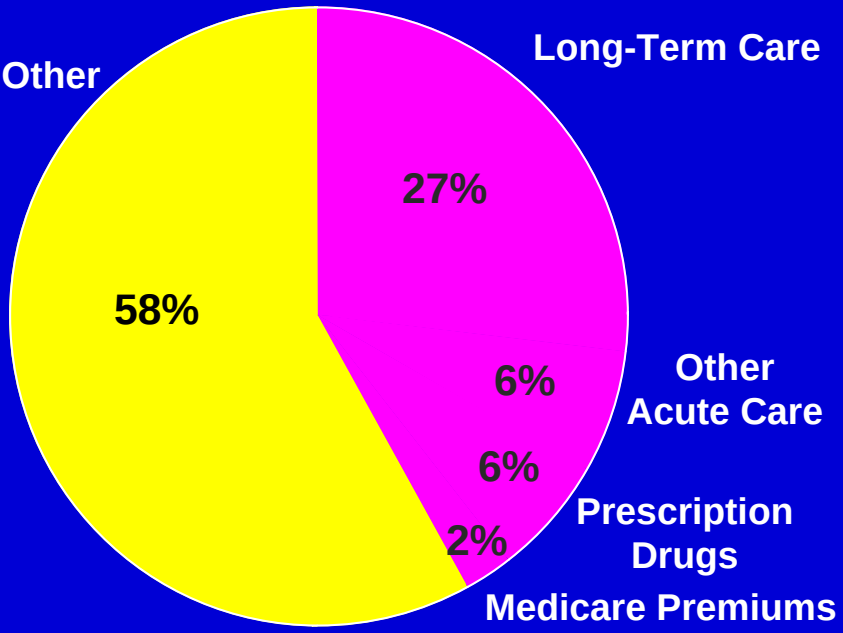
A Large Share of Medicaid Spending is for Dual Eligibles (2003)

Medicaid Enrollment



Total = 51 Million

Medicaid Spending

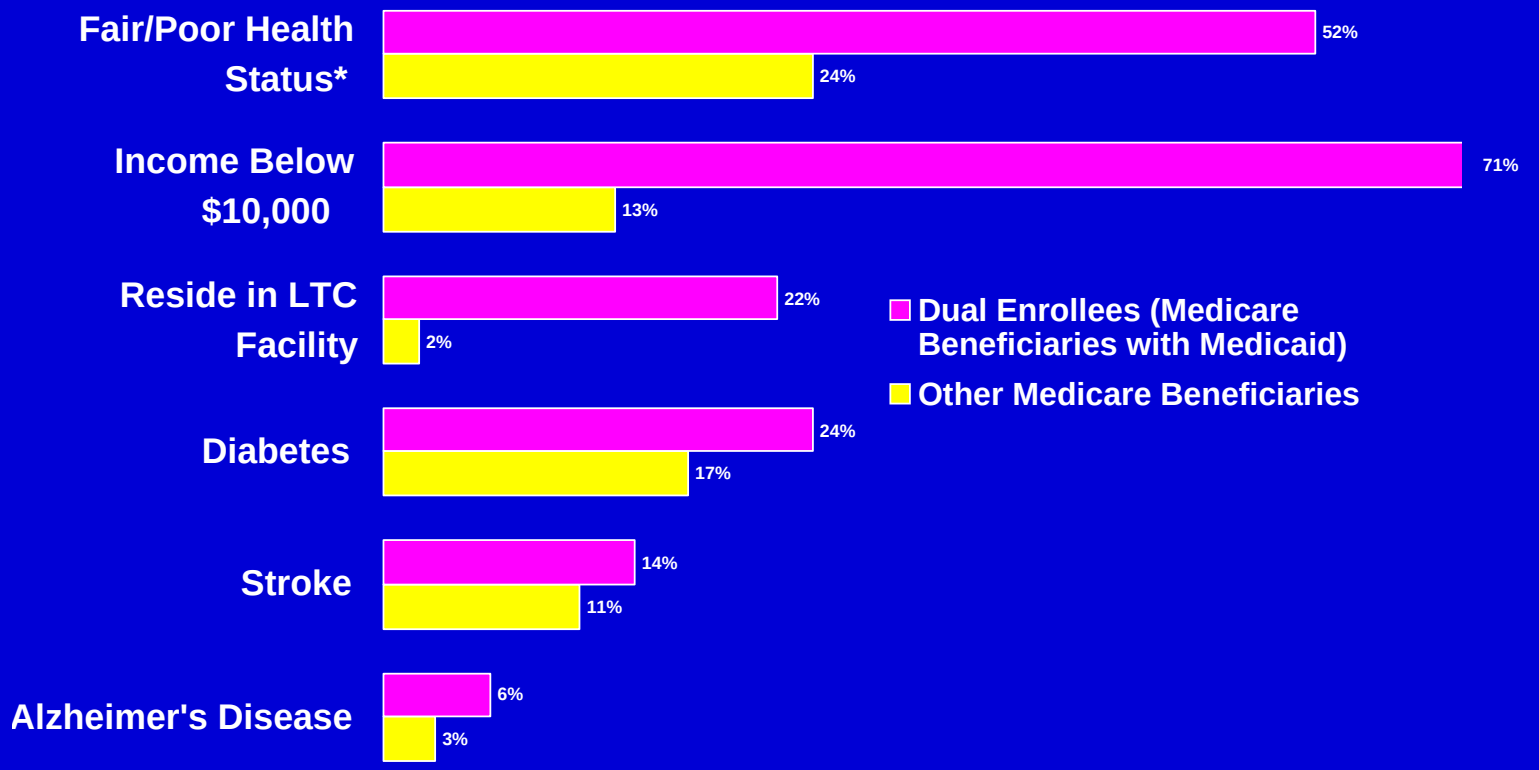


Total = $232.8 Billion
(42% on Duals)

SOURCE: Kaiser Commission on Medicaid and the Uninsured estimates based on CMS data and Urban Institute analysis of data from MSIS.

Figure 16

Dual Eligibles are More Likely to Need Services Not Covered by Medicare



Source: Kaiser Commission on Medicaid and the Uninsured estimates based on analysis of MCBS Cost & Use 2000.
*Includes only persons residing in the community.

The failure to adopt broader policies to finance and deliver long-term services has meant that Medicaid has taken on a larger role than originally intended

Figure 18

Medicaid Integrates Acute Care and Long-Term Services

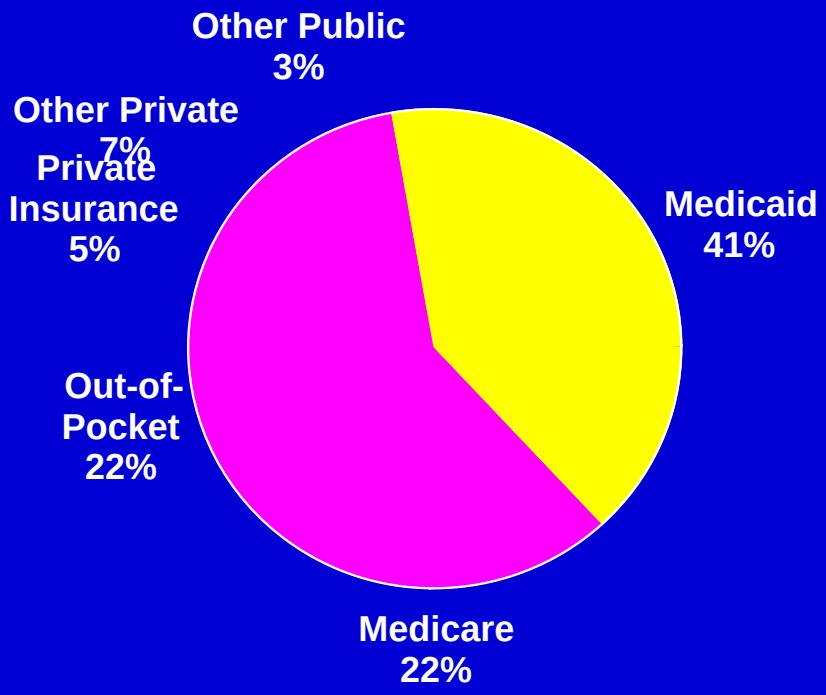
- **Acute care:** Medical care services such as physician and hospital care, prescription drugs, and laboratory and diagnostic testing
- **Long-term services:** Services and supports people need when their ability to care for themselves has been reduced by a chronic illness or disability (such as dressing, bathing, preparing meals, taking medication, managing a home, and managing money)
  - Medicaid pays for 41% of national long-term services spending (compared to 22% for Medicare and 9% for private insurance)

Source: Kaiser Commission on Medicaid and the Uninsured estimates for 2004. CMS, National Health Accounts, 2006.

Figure 19

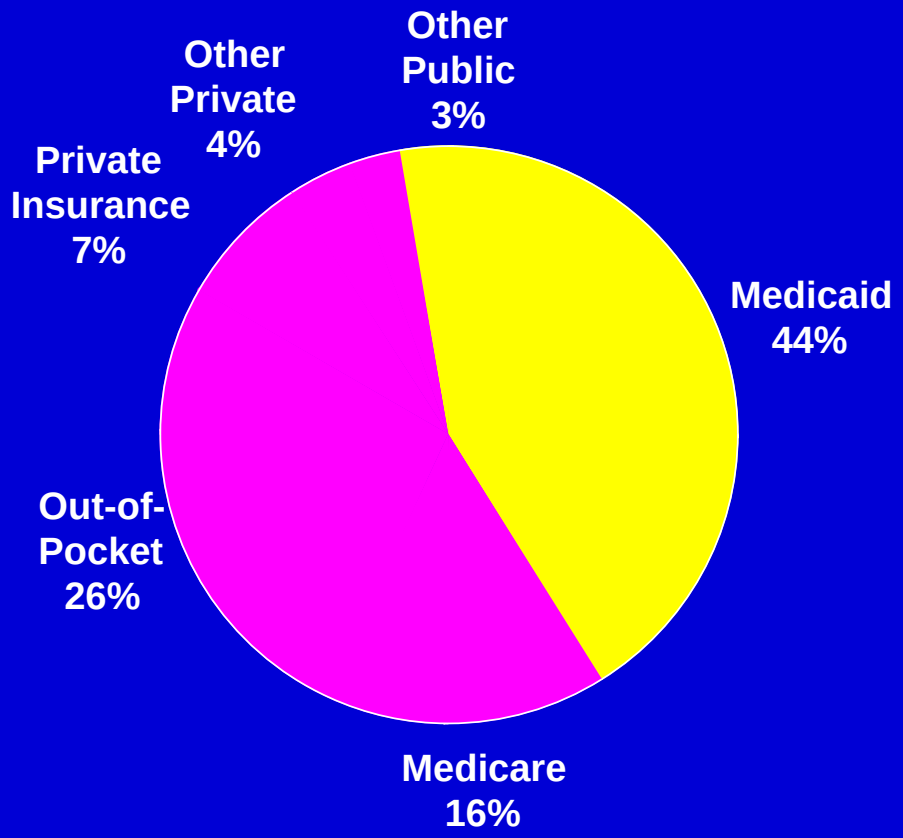
Medicaid is the Primary Payer for Long-Term Care

Total Long-Term Care Expenditures



Total = $169.3 billion

Nursing Home Care Expenditures

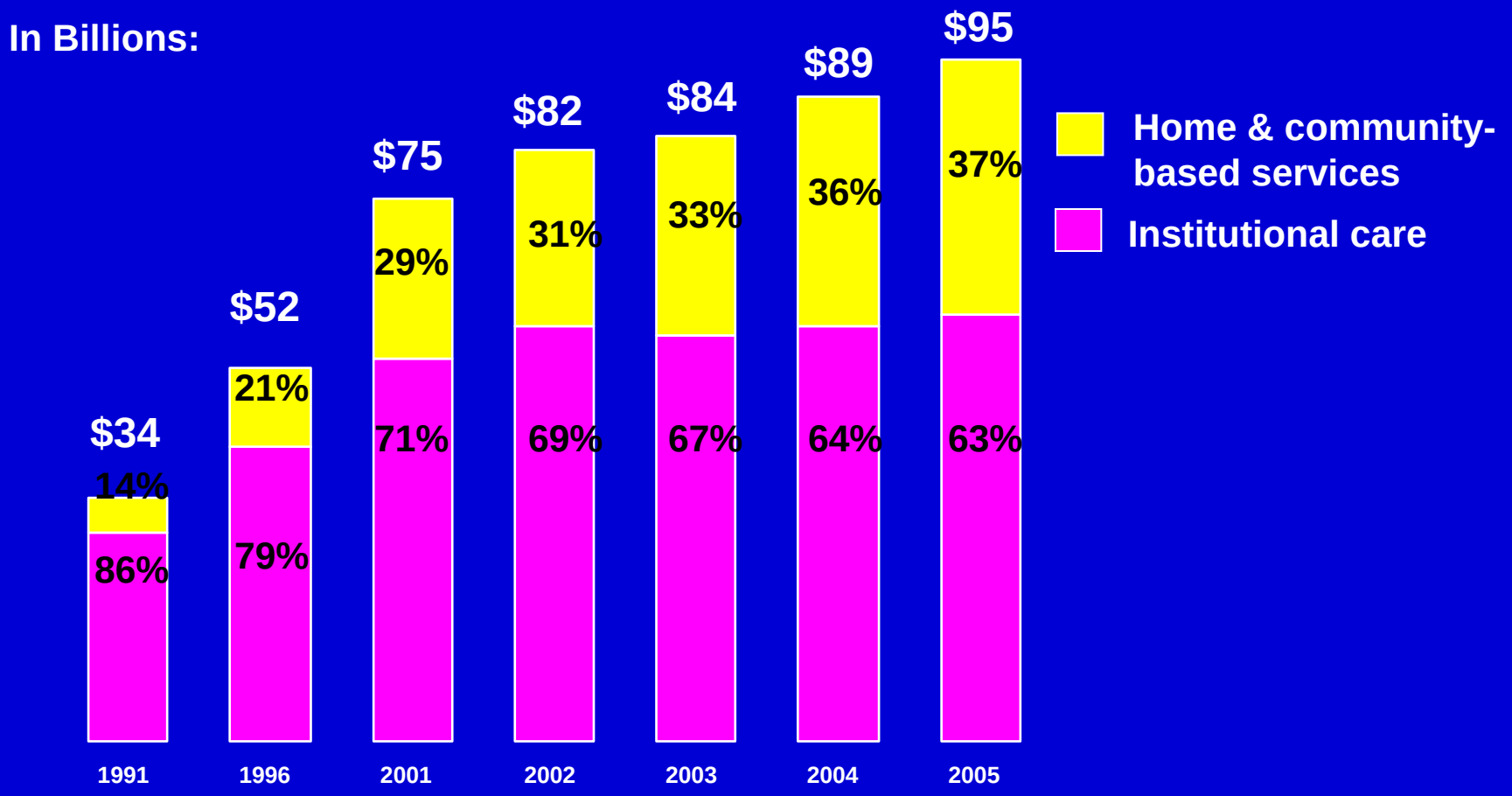


Total = $121.9 billion

Source: Kaiser Commission on Medicaid and the Uninsured using estimates for 2005. CMS, National Health Accounts, 2007.

Figure 20

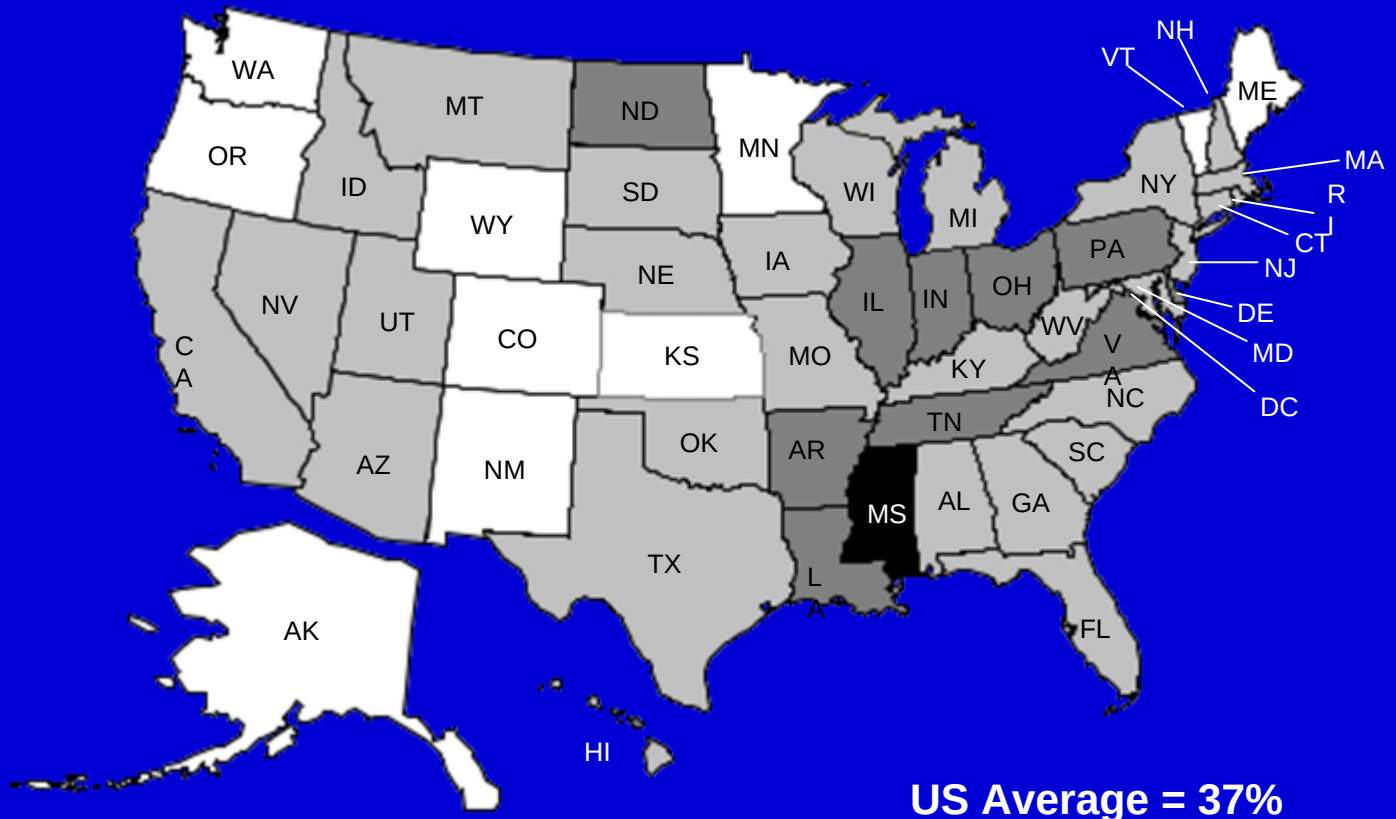
Growth in Medicaid Long-Term Services Expenditures, 1991-2005



Source: Burwell et al. 2006, CMS-64 data.
Note: Home and community-based care includes home health, personal care services and home and community-based service waivers.

Figure 21

States Vary in Share of Long-Term Services Spending in the Community



US Average = 37%

- ≥ 50% (10 States)
- 30- <50% (28 States)
- 20- <30% (11 States)
- < 20% (MS & DC)

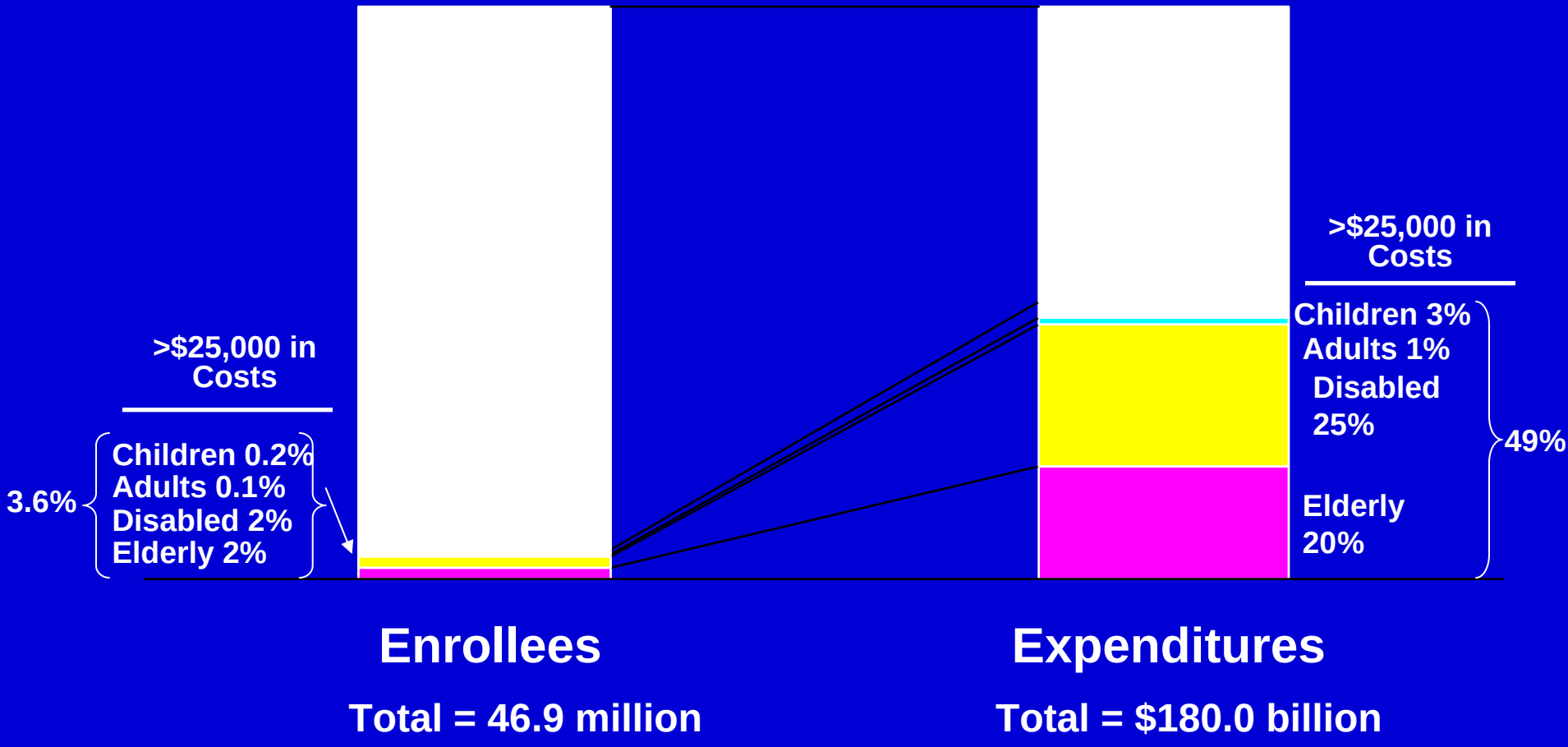
Source: Urban Institute and Kaiser Commission on Medicaid and the Uninsured estimates based on FY 2004 data from CMS (Form 64).

Figure 22

More focus is needed on the very small portion of the Medicaid population responsible for the majority of costs

Figure 23

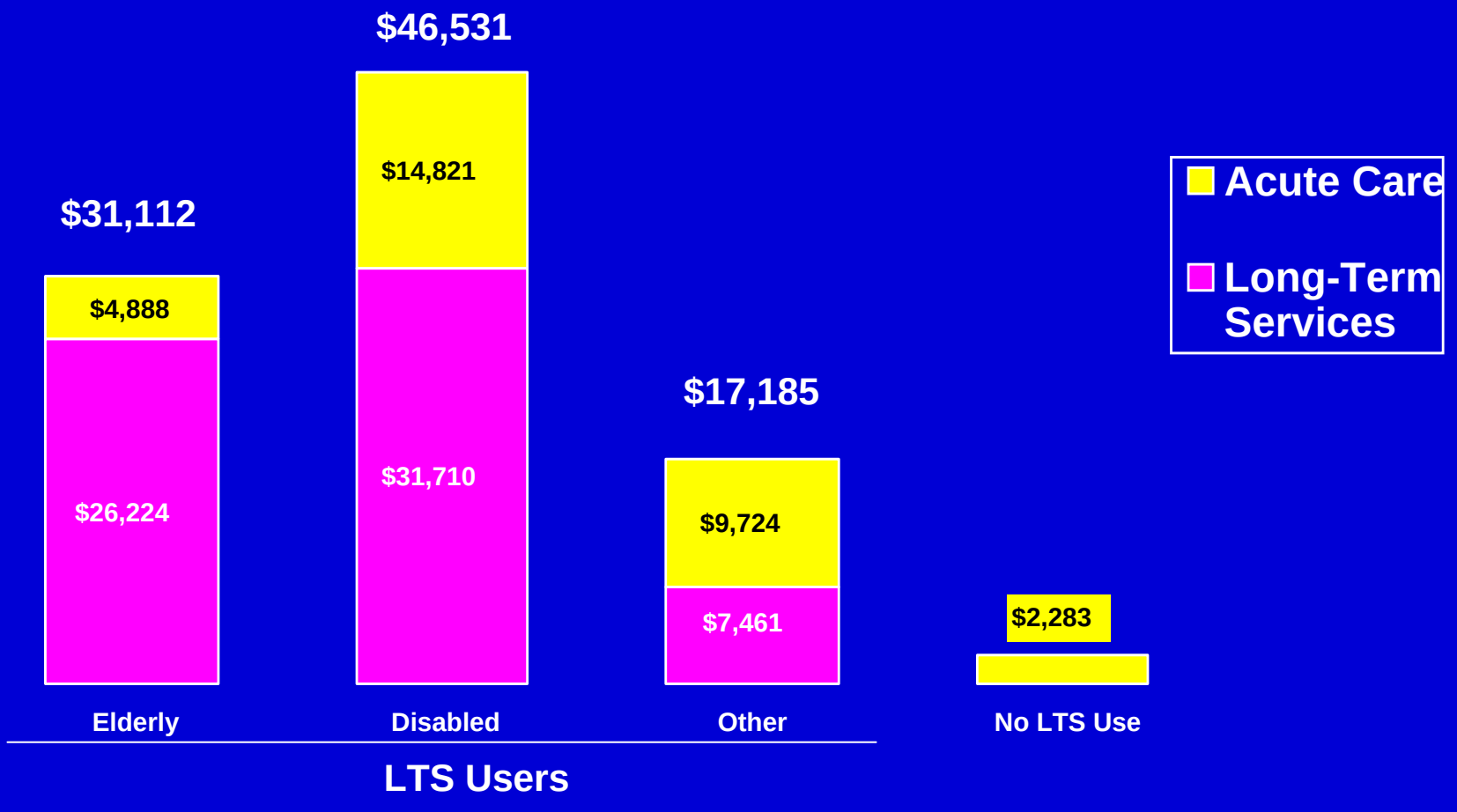
Small Share of Population Accounts for Large Share of Expenditures



Source: Sommers and Cohen, *Medicaid's High Cost Enrollees: How Much Do They Drive Program Spending?* Kaiser Commission on Medicaid and the Uninsured, March 2006. Based on MSIS 2001 data.

Figure 24

Need for Long-Term Services a Common Characteristic of High Cost Beneficiaries



Number of Enrollees:	**1.9 million**	**1.2 million**	**359,656**	**48 million**

Source: Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on MSIS 2002 data.

Medicaid has a unique role in the health system; not only does it fulfill several key functions, but it serves populations that have been ignored or underserved by other payers

Figure 6

For People with Extensive Needs, Private Coverage is Often Inadequate

- Slightly more than half of all non-elderly persons with severe disabilities are covered by private health insurance
- High rates of unemployment among people with disabilities limits their access to employer-sponsored insurance;
- Individual market coverage is often inadequate, unavailable, or unaffordable to people with disabilities
- Private coverage is structured for healthy, working populations and rarely provides adequate coverage for people with disabilities.

Sources: *2004 Disability Status Reports: United States*, Cornell University and *How accessible is individual health insurance for consumers in less-than-perfect health?*, Kaiser Family Foundation, June 2001.

Figure 11

Limitations of Medicare

- Gaps in Medicare coverage that shift costs and responsibilities onto Medicaid include:
  - **Long-term services and supports**
  - Dental care and dentures
  - Hearing aids
  - Routine eye care and eyeglasses
  - Routine foot care
  - Limited mental health services

Figure 28

Medicaid Has a Unique Role in Relation to Private Coverage and Medicare

- **Catastrophic needs:** Assists people with extensive needs at all stages of life
- **Essential public role:** Shoulders uniquely public responsibilities, such as covering children in foster care
- **Integrates acute and long-term services:** By contrast, private insurance and Medicare mostly cover acute care or short-term rehabilitation
- **Critical safety net:** Private insurance and Medicare not designed to meet the needs of some populations with extensive needs; backbone of public efforts to provide health coverage to children and meet other national policy goals