

State Profiles User's Guide

The State Profiles summarize data from a range of sources on Medicaid and the Children's Health Insurance Program (CHIP) with an emphasis on program characteristics relevant to rural areas. Separate PDF files for each state can be downloaded by choosing a state from the drop-down box, or you can download the full report, which contains the introduction and national summary tables, this user's guide, and all state profiles.

The State Profiles include two sections: 1) an overview of the state's Medicaid and CHIP programs and 2) information on Medicaid in rural areas of the state.

Medicaid and CHIP Overview

- **Structure of CHIP program:** States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid). This table indicates which type of CHIP program is operating in the state.
- **Total Medicaid and CHIP enrollment:** This table presents information on the number of individuals enrolled in the state's Medicaid and CHIP programs. There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. This table presents up to 3 enrollment counts for each state. The first two enrollment counts are: (1) the number of individuals enrolled in the programs in June 2009 (a "point-in-time" estimate); and (2) the number of individuals ever enrolled in the programs during an entire year (FY 2007 for Medicaid and FY 2008 for CHIP). These two counts are from The Kaiser Family Foundation www.statehealthfacts.org and were derived from reports that states submit to the federal government. When more recent enrollment counts are available on state websites, this information is also included in the table.
- **Medicaid and CHIP income eligibility limits:** This table presents the maximum family income that an individual can have and qualify for Medicaid or CHIP. Under federal law, children who are eligible for Medicaid must enroll in Medicaid (i.e., they cannot choose to enroll in the state's CHIP program instead of Medicaid). Thus, children are only eligible for CHIP coverage if their family income is too high to qualify for Medicaid but equal to or less than the CHIP income guidelines.

Eligibility levels are shown as a percentage of the 2010 federal poverty guidelines, which are unchanged from 2009 guidelines. For a family of three, the federal poverty level was \$18,310 for the 48 contiguous states and the District of Columbia, \$22,890 for Alaska, and \$21,060 for Hawaii. For more information on poverty guidelines see <http://aspe.hhs.gov/poverty/>.

- **Federal matching rate for Medicaid and CHIP:** The federal government matches a certain percentage of state Medicaid and CHIP expenditures. The Medicaid matching rate (the

Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%. The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010. (More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.) For CHIP, states receive an "enhanced" matching rate which is higher than the Medicaid matching rate.

- **Medicaid managed care enrollment as a percent of total Medicaid enrollment:** Most states enroll at least some of their Medicaid enrollees in some type of managed care program. This table contains information from a point in time (June 2008) on the share of Medicaid enrollees that were enrolled in a *comprehensive managed care plan* (commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees) and the share of Medicaid enrollees that were enrolled in *any managed care plan* (plans providing either comprehensive or limited benefits, including Primary Care Case Management programs).

Medicaid in Rural Areas

The second section of the State Profiles compares Medicaid enrollment and spending in rural and urban counties and presents information on some Medicaid program characteristics that are relevant to rural areas. Counties are defined as rural and urban based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Rural counties are those defined as micropolitan and those not in a CBSA; urban counties are those defined as metropolitan. For more information on CBSA designations, see <http://www.census.gov/population/www/estimates/metroarea.html>.

- **Percent of residents enrolled in Medicaid by age and rurality (based on survey data):** This table presents data from the Current Population Survey (CPS). The CPS, a survey administered by the Census Bureau, is a common source of information on health insurance coverage. During March of each year, the CPS asks respondents a series of questions about their health insurance over the previous calendar year, including whether they were ever covered by Medicaid during that time. This table shows the percentage of rural and urban residents who reported that they had any Medicaid coverage during the past year, using data from surveys conducted in 2008 and 2009. These estimates may vary from the administrative data collected from state websites (described next); estimates from the CPS of the number of people covered by Medicaid are consistently lower than those from other surveys and the Centers for Medicare and Medicaid Services.¹

¹ Several factors may explain this discrepancy, including the long period of time that the CPS asks respondents to recall and the possibility that Medicaid enrollees may refer to the program by a state-specific program name or the name of a Medicaid managed care organization. Further, certain population groups, including those in rural areas and those likely to be eligible for Medicaid, may be underrepresented in the CPS sample. See Holahan J, Hoffman C. "What is the Current Population Survey Telling Us about the Number of Uninsured?" Kaiser Commission on Medicaid and the Uninsured. August 2005. Blewett LA, Davern M. "Meeting the Need for State-Level Estimates of

- **Medicaid enrollment and expenditures by rurality (based on state administrative data):** This chart presents county-level data on Medicaid enrollees, expenditures, and managed care enrollment aggregated into urban and rural areas. These data were collected from administrative reports on state websites. County level data were not available for all states—when information from 2006 or a more recent time period was not found for a state, the table contains the entry “N/A”. Since this information was obtained from individual state websites, the time periods for the data vary across states and are noted in each State Profile. Where necessary, the table distinguishes between enrollees and recipients. Enrollees are those enrolled in Medicaid, regardless of whether they use a service, while recipients are those who have used at least one service during the time period of interest.
- **Critical Access Hospital payment under Medicaid:** Under federal law, Critical Access Hospitals are reimbursed by Medicare at 101% of allowable cost for both inpatient and outpatient services. State Medicaid agencies may determine how Critical Access Hospitals are paid for providing services to Medicaid enrollees. This table identifies whether Critical Access Hospitals in the state receive cost-based reimbursement from the state Medicaid program.

Resources for additional information on Medicaid and CHIP in each state:

- The state’s Medicaid program website is identified on each State Profile
- The Kaiser Family Foundation’s State Health Facts website www.statehealthfacts.org

This study was conducted by the North Carolina Rural Health Research & Policy Analysis Center, with funding from a cooperative agreement with the federal Office of Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services, Grant Number U1GRH07633.

Introduction and National Summary Tables

Medicaid and the Children's Health Insurance Program (CHIP) are publicly funded health insurance programs that provide coverage to almost 60 million low-income children, parents, pregnant women, and elderly and disabled adults. These programs have a major impact on the U.S. health care system: Nearly one of every six dollars spent on personal health care comes from Medicaid alone.^{1,2,3}

In many ways, these programs play a bigger role in rural than in urban America. Nationally, Medicaid provides health insurance to a larger share of the population in rural areas.⁴ Further, these programs are critical sources of income for rural health care providers, and they contribute to economic development in rural communities.⁵

There are many resources on Medicaid and CHIP at the national and state level that provide important information to policymakers, advocates, researchers, and others. However, despite the impact of these programs in rural America, it is difficult to obtain state-specific information on characteristics of Medicaid and CHIP in rural areas. There is no easily-accessible national source of Medicaid or CHIP administrative data that differentiates between rural and urban areas, and surveys of health insurance coverage and expenditures often lack the sample size to analyze individual states or smaller geographic areas within them.

To address this information gap for state officials and others interested in how Medicaid and CHIP are operating in different geographic areas of a state, we collected data from a number of sources with an emphasis on program characteristics relevant to rural areas. State-specific information and data can be found in the State Profiles. This document provides a summary of the data found in these profiles, focusing on the comparison of Medicaid enrollment and expenditures in rural and urban counties.

A common source of information on health insurance coverage in the United States is the Census Bureau's Current Population Survey (CPS). The CPS is the most widely used source of state-level estimates of insurance status. During March of each year, the CPS asks respondents a series of questions about their health insurance over the previous calendar year, including whether they were covered by Medicaid at any point during that time.

An analysis of CPS data shows that in 23 states the share of total residents covered by Medicaid was higher in rural counties than in urban counties at a statistically significant level (Table 1). Nationwide, 16.1 percent of rural residents reported being enrolled in Medicaid, compared to 13.2 percent of urban residents. Among children ages 18 and younger, Medicaid coverage was statistically significantly higher in rural areas in 19 states. Among non-elderly adults ages 19 to 65, Medicaid coverage was statistically significantly higher in rural areas in 13 states. There are fewer (4) statistically significant differences among elderly adults; this may be due in part to the small number of rural elderly adults included in the survey.

Table 1: Percent of Residents with Any Medicaid Coverage During the Past Year in Rural and Urban Counties by State and Age
Current Population Survey, 2008-2009

	0-18		19-64		65 and over		Total	
<i>State</i>	<i>Rural</i>	<i>Urban</i>	<i>Rural</i>	<i>Urban</i>	<i>Rural</i>	<i>Urban</i>	<i>Rural</i>	<i>Urban</i>
United States	34.7*	27.6	10.1*	7.9	8.6	9.1	16.1*	13.2
Alabama	35.6	29.1	10.6	7	15.1	11.7	17.7*	13.3
Alaska	25.3	19.9	7.1	7.3	13.8	9.1	12.4	11.2
Arizona	46.0*	30.6	23.3*	10	11.4	6.7	28.5*	15.3
Arkansas	54.6*	39.2	8.3*	4.7	9.7	6.5	20.8*	14.2
California	46.3	32.7	11.6	9.4	4.5*	16.5	19.3	16.6
Colorado	N/A	16.6	N/A	5.2	N/A	10.8	N/A	8.7
Connecticut	27.7	23.5	13	7.7	3.6	5	15.6	11.3
Delaware	40.2*	22.1	11.8	9	1.7*	6.4	15.2	12.3
District of Columbia	N/A	41.7	N/A	15.7	N/A	10.2	N/A	20.3
Florida	37.6*	22.6	16.3*	5.4	11.1	7.3	19.8*	9.8
Georgia	37.1	28.8	7	4.7	8.5	6.4	14.8	11.7
Hawaii	33.5*	24	9.4	6.1	5.4	10.6	15.4*	11
Idaho	22.9	22.9	4.8	5.4	4.4	9.6	9.9	11.1
Illinois	34.5	28.4	11.7*	6.6	4.2	4.6	16.3*	12.2
Indiana	28.3	32.2	5.3	6.7	3.2	4.9	11.2	13.4
Iowa	29.8	21.9	6.3	7.7	5.8	9.3	11.9	11.6
Kansas	27.3	26.3	5.2	6	3.5	3.5	10.4	11.7
Kentucky	33.9	34.2	12.9*	6.8	11.4	10	18.0*	14
Louisiana	N/A	32	N/A	6.3	N/A	10.2	N/A	13.8
Maine	40.7*	28.8	18.6*	12	19.3	16.1	23.4*	16.5
Maryland	47.3*	20.8	8	5.3	7.3	7.6	18.6*	9.6
Massachusetts	10.5*	27.8	2.3*	16	0.0*	9.6	4.4*	18
Michigan	36.9*	27.7	9.8	8.6	3.7	4.7	15.7	13.1
Minnesota	33.2*	16.7	15.4*	7	6.7	5.3	19.2*	9.2
Mississippi	46.2*	35.2	12.3	10.9	20	24.1	23.1*	19
Missouri	50.2*	22.8	13.2*	6	8.5	8.4	21.6*	10.7
Montana	31.3	24.6	7.4	7.2	6.2	3.8	13.3	10.5
Nebraska	28.4*	19.8	8.2	5.1	6.8	5.7	13.4*	9.1
Nevada	N/A	15.9	N/A	4.5	N/A	7.1	N/A	7.9
New Hampshire	25.1*	14.4	3.8	3	2.1	5.1	8.5	6
New Jersey	N/A	17.3	N/A	6.1	N/A	7.1	N/A	9.1
New Mexico	45.1*	30.2	10.7	8.1	7	10	19.9*	14.2
New York	24.8*	35.2	11.9	14.8	8.2*	16.3	14.5*	20
North Carolina	36.4*	27.1	10.8*	6.5	9.1	7.7	17.1*	12.1
North Dakota	23.1	17.5	5.5	3.6	6.4	5.5	10.1*	7.2
Ohio	23	28.4	8	7.7	3.4	3.8	10.9	12.7
Oklahoma	37.8	33.3	10.1*	5.6	8.5	4.5	17.5*	13
Oregon	31.3	24	8.1	6.8	8.2	5	13.4	10.8
Pennsylvania	28	25.8	9.4	9.3	8.5	5.1	13.6	12.7
Rhode Island	N/A	28.3	N/A	11.1	N/A	7.5	N/A	14.8
South Carolina	37.8*	22	11.5*	6.6	14	7.7	18.8*	10.6
South Dakota	27.3	20.4	7.2*	3.8	4.9	9.3	11.9*	9.1
Tennessee	40.7	32.5	13.7	10	11.7	12	20.0*	15.9
Texas	35.7	30.1	6.6	5.6	11.8	8.8	15.4	13.2

Utah	N/A	13.3	N/A	3.9	N/A	7.1	N/A	7.2
Vermont	39.1	34	15.5	12.4	13.9	8.4	20.4	16.7
Virginia	32.4*	17.2	8.0*	3.8	9.1	6.3	14.4*	7.5
Washington	32.2	25.4	10.9	8.4	6.7	6.1	15.8	12.5
West Virginia	41.6	34.3	9.6	8.1	7	4.4	16.5	13.6
Wisconsin	28.5	25.2	10.2	9.4	4	6.2	14	13
Wyoming	24.4	18.9	5.9	5.8	6.2	3.7	10.7	9.1

*Significantly different than urban at the 5% level.

Source: Current Population Survey, 2008 and 2009 pooled.

Notes: Figures include individuals who report having any Medicaid coverage during the past year. Individuals with SCHIP are not included. Standard errors were calculated using the generalized variance estimation procedures outlined in the CPS Technical Documentation. Urban counties are those designated as a Metropolitan Statistical Area (MSA). Individuals with suppressed MSA status (0.6% of respondents) are not included.

Despite its wide use, there are concerns about the accuracy of CPS estimates of Medicaid coverage—they are consistently lower than estimates from other surveys and enrollment numbers from the Centers for Medicare and Medicaid Services. Several factors may explain this discrepancy, including the long period of time that the CPS asks respondents to recall and the possibility that Medicaid recipients may identify their insurance by a state-specific program name or the name of a Medicaid managed care organization, rather than “Medicaid.”⁶ Further, certain population groups, including those in rural areas and those likely to be eligible for Medicaid, may be underrepresented in the CPS sample.⁷

Given these concerns, we also collected county-level administrative data from official state web sites to gain another perspective on Medicaid enrollment in rural and urban areas. Note that in the Medicaid program, the term “eligibles” refers to individuals who are actually enrolled, rather than the larger population that could potentially enroll. We were able to obtain county-level data on eligibles for 35 states and the District of Columbia (Table 2). In 31 of these states, Medicaid enrollment as a share of the population was higher in rural than in urban areas. Medicaid enrollment as a share of the population was higher in urban than in rural areas in 3 states. (The remaining areas, New Jersey and the District of Columbia, have no rural counties). For 13 states, the variation between rural and urban areas was at least five percentage points.

Table 2. Medicaid Eligibles in Rural and Urban Counties by State
Administrative Data from State Web Sites

State	Rural		Urban		Time Period of Data
	Number of Eligibles	Eligibles as % of Population	Number of Eligibles	Eligibles as % of Population	
Alabama	290,012	21.6%	560,873	16.6%	Apr 2010
Arizona	202,927	30.3%	1,156,124	19.5%	May 2010
Arkansas	354,008	30.8%	420,497	24.6%	FY 2009
California	159,929	19.1%	6,957,692	19.2%	May 2010
Colorado	76,640	11.1%	435,610	10.0%	Mar 2010
District of Columbia	NA	NA	144,910	24.5%	FY 2008
Florida	203,965	17.3%	2,713,023	15.6%	Feb 2010
Georgia	332,098	18.4%	928,385	11.7%	FY 2008
Hawaii	92,075	23.7%	157,800	17.3%	Jan 2010
Idaho	72,600	13.6%	134,246	13.2%	Dec 2009
Indiana	193,362	13.9%	674,035	13.6%	Dec 2007
Iowa	198,453	15.2%	244,094	14.3%	Mar 2010
Kentucky	419,942	23.0%	328,340	13.1%	FY 2009
Louisiana	344,598	30.3%	800,015	23.8%	Apr 2010
Maine	111,411	20.4%	120,355	15.5%	Feb 2010
Maryland	40,346	13.2%	586,758	10.0%	SFY 2009
Michigan	357,544	19.4%	1,512,731	18.5%	Mar 2010
Minnesota	174,560	13.2%	431,092	10.9%	Dec 2009
Missouri	271,936	18.3%	544,019	12.6%	FY 2008
Montana	56,728	8.5%	29,605	9.0%	Mar 2010
Nebraska	90,833	12.1%	110,403	10.7%	FY 2007
New Jersey	NA	NA	902,080	10.3%	Apr 2010
New Mexico	183,113	27.1%	298,575	22.3%	Jan 2010
New York	281,364	18.2%	4,238,825	23.5%	Sep 2009
North Carolina	522,637	18.9%	925,653	13.9%	Jul 2010

Ohio	379,004	21.4%	1,704,509	18.4%	SFY 2006
Oklahoma	336,190	25.5%	467,074	20.0%	SFY 2009
Oregon	118,492	14.1%	317,577	10.7%	Dec 2008
South Carolina	270,865	25.4%	632,532	18.4%	FY 2008
South Dakota	67,342	15.5%	44,064	11.7%	Apr 2010
Tennessee	371,528	22.3%	813,184	17.6%	Feb 2010
Texas	428,234	14.3%	2,582,567	11.9%	May 2010
Vermont	105,399	25.2%	38,349	18.6%	Jan 2008
Washington	182,258	22.4%	1,059,073	18.1%	FY 2009
West Virginia	147,942	18.3%	140,168	13.8%	Feb 2010
Wisconsin	218,163	14.3%	545,196	13.2%	Apr 2010

Source: Eligibles data collected from state web sites. Individual citations are included in each state's profile at www.shepscenter.unc.edu/medicaidprofiles. Population data are from the U.S. Census.

Notes: The term “eligibles” refers to individuals who are enrolled in Medicaid (and therefore eligible to use Medicaid services), rather than the larger population that is potentially qualified to enroll in Medicaid. States are not shown if data from 2006 or a more recent time period were not found in a search of the state’s Medicaid web sites. Counties are defined as rural and urban based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Rural counties are those defined as micropolitan and those not in a CBSA. FY is fiscal year; CY is calendar year.

We were able to obtain information on Medicaid expenditures by the recipient's county of residence for 19 states (Table 3). It is important to note that differences in the characteristics of Medicaid eligibles in rural and urban areas may account for some of the geographic differences in expenditures per eligible. For example, per eligible expenditures in rural areas may be higher than those in urban areas if a higher proportion of the rural Medicaid eligibles are elderly or people with disabilities. These groups use more intense acute and long-term care services and therefore have much higher per capita spending than other adults and children.⁸ For this reason, comparisons of expenditures across rural and urban areas should be interpreted with caution.

Table 3. Medicaid Expenditures in Rural and Urban Counties by State
Administrative Data from State Web Sites

State	Rural		Urban		Year
	Total Expenditures	Per Eligible	Total Expenditures	Per Eligible	
Alabama	\$1,377,700,000	\$4,366	\$2,885,900,000	\$4,785	Apr 2010
Arkansas	\$1,455,418,259	\$4,111	\$1,721,019,687	\$4,092	FY 2009
California	\$609,051,609	\$4,060	\$16,142,582,147	\$2,452	FY 2008
Georgia	\$1,772,734,649	\$5,338	\$4,636,367,881	\$4,994	FY 2008
Indiana	\$86,258,935	\$446	\$261,972,383	\$388	Dec 2007
Iowa	\$120,681,362	\$608	\$138,699,413	\$568	Mar 2010
Louisiana	\$1,220,384,705	\$3,197	\$2,715,029,064	\$3,172	FY 2007/08
Minnesota	\$1,947,646,930	\$11,157	\$5,061,599,070	\$11,741	Dec 2009
Missouri	\$1,887,000,000	\$6,939	\$3,285,600,000	\$6,039	FY 2008
Montana*	\$39,527,765	\$696	\$20,089,644	\$678	Mar 2010
Nebraska	\$626,888,000	\$6,902	\$653,117,000	\$5,916	FY 2007
New York	\$161,188,733	\$572	\$3,038,353,135	\$716	May 2008
North Carolina	\$3,061,495,133		\$4,845,776,702		CY 2006
Ohio	\$2,394,429,946	\$5,478	\$9,337,836,552	\$4,998	FY 2006
Oklahoma	\$1,543,192,335	\$4,590	\$1,970,376,226	\$4,218	FY 2009
South Carolina	\$1,056,972,871	\$3,902	\$2,677,798,466	\$4,233	FY 2008
Tennessee	\$2,043,100,040	\$1,224	\$4,072,099,639	\$879	Feb 2010
Virginia	\$778,103,434		\$1,505,365,337		FY 2006
Washington	\$480,283,150	\$2,517	\$2,684,677,950	\$2,535	FY 2007

Source: Expenditures and eligibles data collected from state web sites. Individual citations are included in each state's profile at www.shepscenter.unc.edu/medicaidprofiles.

Notes: The term "eligible" refers to individuals who are enrolled in Medicaid (and therefore eligible to use Medicaid services), rather than the larger population that is potentially qualified to enroll in Medicaid. Expenditures are allocated to rural and urban areas based on the eligibles' counties of residence, which are not necessarily the counties in which the expenditures are made. States are not shown if data from 2006 or a more recent time period were not found in a search of the state's Medicaid web sites. Counties are defined as urban and rural based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Rural counties are those defined as micropolitan and those not in a CBSA. FY is fiscal year; CY is calendar year.

Caveat: The expenditure comparisons across rural and urban need to be interpreted with caution. Differences in the composition of the Medicaid eligibles may account for some of the geographic differences in expenditures per eligible. For example, per eligible expenditures in rural areas may be higher than those in urban areas if a higher proportion of rural Medicaid eligibles are elderly and people with disabilities than in urban areas.

*Montana data are spending per recipient (eligibles who used at least one service), not all eligibles.

County-level data on Medicaid managed care enrollment were available on 11 state web sites (Table 4). States operate several different managed care arrangements for their Medicaid enrollees, including use of commercial or Medicaid managed care organizations, health insuring organizations, primary care case management programs, prepaid inpatient health plans, prepaid ambulatory health plans, or Programs of All-Inclusive Care for the Elderly.⁹ Individual states may operate multiple types of managed care programs. The figures in Table 4 may include individuals in any of these arrangements.

Table 4. Medicaid Managed Care Enrollment in Rural and Urban Counties by State
Administrative Data from State Web Sites

State	Rural		Urban		Time Period of Data
	Total Enrollment	% of Eligibles	Total Enrollment	% of Eligibles	
Arizona	119,250	62.0%	859,817	81.0%	May 2009
Florida	342,255	NA	473,201	NA	May 2009
Hawaii	64,611	NA	113,614	NA	Nov 2008
Indiana	113,801	64.0%	422,030	68.0%	Dec 2007
Michigan	141,465	NA	818,804	NA	May 2009
New York	75,775	45.0%	2,423,283	86.0%	June 2009
North Carolina	392,636	82.0%	711,341	82.0%	May 2010
Ohio	277,239	95.1%	1,096,758	97.4%	July 2009
Oregon	100,298	77.9%	297,243	83.9%	Apr 2010
Pennsylvania	53,455	NA	1,023,980	NA	Dec 2007
Wisconsin	71,859	39.2%	446,236	66.8%	Oct 2008

Source: Managed care enrollment and eligibles data collected from state web sites. Individual citations are included in each state's profile at www.shepscenter.unc.edu/medicaidprofiles.

Notes: The term "eligibles" refers to individuals who are enrolled in Medicaid (and therefore eligible to use Medicaid services), rather than the larger population that is potentially qualified to enroll in Medicaid. See individual state profiles for notes on each state's managed care plans. In general, enrollment figures include all forms of managed care: commercial and Medicaid managed care organizations, health insuring organizations, primary care case management plans, prepaid inpatient health plans, and prepaid ambulatory health plans. States are not shown if data from 2006 or a more recent time period were not found in a search of the state's Medicaid web sites. Counties are defined as urban and rural based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Rural counties are those defined as micropolitan and those not in a CBSA. FY is fiscal year; CY is calendar year.

Comparisons between states in Tables 2-4 should be made with caution: data are from varying time periods and there may be slight differences in the way some data elements (e.g., expenditures) were calculated by each state. The purpose of these summary tables is to show the variation between rural and urban areas *within* each state.

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Alabama

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	736,100	69,252	The Kaiser Family Foundation, http://www.statehealthfacts.org
FY 2007 (Medicaid) FY 2008 (CHIP)	918,800	110,821	The Kaiser Family Foundation, http://www.statehealthfacts.org

State Data Sources

April 2010	850,885	N/A	Alabama Medicaid Agency, http://www.medicaid.alabama.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	24%
Childless Adults *	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
68.01%	77.53%	77.61%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	66.0%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Alabama

→ Alabama's Medicaid website: <http://www.medicaid.alabama.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	27.6	34.7
19-64	7.0	10.6
65 and Over	11.7	15.1

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (April 2010)	560,873	290,012
II. Enrollees as Percent of Population (April 2010)	16.6%	21.6%
III. Dollars Spent in Millions (FY 2008)	\$2885.9	\$1377.7
IV. Dollars Spent per Enrollee (FY 2008)	\$4,785.70	\$4,336.36
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Alabama Medicaid Agency. Eligibility Statistics. Eligibility by County. April 2010.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Alabama Medicaid Agency. Statistics and Reports. Medicaid Statistics by County 2008.

IV: Alabama Medicaid Agency. Statistics and Reports. Medicaid Statistics by County 2008.

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 7. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Tim Thompson, Alabama Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Alaska

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	86,900	8,721	The Kaiser Family Foundation, http://www.statehealthfacts.org
FY 2007 (Medicaid) FY 2008 (CHIP)	120,800	18,707	The Kaiser Family Foundation, http://www.statehealthfacts.org

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	175%
Children ages 1 – 5	175%
Children ages 6 – 19	175%
Parents*	81%
Childless Adults*	N/A
Pregnant Women	175%
Aged, Blind and Disabled ⁺	109%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
51.43%	62.46%	66.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	0.0%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Alaska

→ Alaska's Medicaid website: <http://www.hss.state.ak.us/dpa/programs/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	19.9	25.3
19-64	7.3	7.1
65 and Over	9.1	13.8

Source: Current Population Survey, 2008 – 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state’s Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 7. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: Dennis Murray, Director of Long Term Care and Workforce Development

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Arizona

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,105,700	53,408	The Kaiser Family Foundation, http://www.statehealthfacts.org
FY 2007 (Medicaid) FY 2008 (CHIP)	1,455,800	112,072	The Kaiser Family Foundation, http://www.statehealthfacts.org

State Data Sources

May/January 2010	1,359,051	45,820	AHCCCS, http://www.azahcccs.gov/Default.aspx
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	140%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	106%
Childless Adults *	110%
Pregnant Women	150%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
65.75%	75.93%	76.03%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
90.5%	90.5%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Arizona

→ Arizona's Medicaid website: <http://www.azahcccs.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	30.6	46.0
19-64	10.0	23.3
65 and Over	6.7	11.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (May 2010)	1,156,124	202,927
II. Enrollees as Percent of Population (May 2010)	19.5%	30.3%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	859,817	119,250

Sources and Notes:

I: Arizona Health Care Cost Containment System. Enrollment Statistics. Monthly Eligibility and Enrollment Reports. 2010 Populations. May Report, AHCCCS Acute Population by County

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Arizona Health Care Cost Containment System. AHCCCS Population Reports for Providers. Acute Care Enrollment by Health Plan by County as of April 1, 2009. June 21, 2009. <http://www.azahcccs.gov/reporting/enrollment/healthplans.aspx>

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 7. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Joyce Hospodar, Arizona Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Arkansas

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	Chip Enrollment	Source
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National Data Sources

June 2009	514,000	64,213	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	692,300	93,446	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2009	774,505	N/A	Arkansas DHHS, http://www.arkansas.gov/dhs/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	200%
Parents *	17%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
72.78%	81.18%	80.95%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	80.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Arkansas

→ Arkansas's Medicaid website: <https://www.medicaid.state.ar.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	39.2	54.6
19-64	4.7	8.3
65 and Over	6.5	9.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2009)	420,497	354,008
II. Enrollees as Percent of Population (FY 2009)	24.6%	30.8%
III. Dollars Spent (FY 2009)	\$1,721,019,687	\$1,455,418,259
IV. Dollars Spent per Enrollee (FY 2009)	\$4,092	\$4,111
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Arkansas DHHS Statistical Report Table of Contents SFY 2009. Division of County Operations. Medicaid.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Arkansas DHHS Statistical Report Table of Contents SFY 2009. Division of County Operations. Medicaid.

IV: Arkansas DHHS Statistical Report Table of Contents SFY 2009. Division of County Operations. Medicaid.

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 7. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: Jacqueline Gorton, Arkansas Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

California

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[Table 8. Critical Access Hospital payment under Medicaid](#)

Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	6,852,600	1,127,673	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	10,511,100	1,692,087	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

May 2010	7,117,621	N/A	California Department of Health Care Services, http://www.dhcs.ca.gov/Pages/default.aspx
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	106%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
51.4%	51.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in California

→ California's Medicaid website: <http://www.dhcs.ca.gov/Pages/default.aspx>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	32.7	46.3
19-64	9.4	11.6
65 and Over	16.5	4.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (May 2010)	6,957,692	159,929
II. Enrollees as Percent of Population (May 2010)	19.2%	19.1%
III. Dollars Spent (FY 2008)	\$16,142,582,147	\$609,051,609
IV. Dollars Spent per Enrollee	\$2,452	\$4,060
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Medi-Cal Beneficiary Profiles by County. May 2010 Month of Eligibility.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Medi-Cal Program. Fee-For-Service Expenditures Summary Tables. Calendar Year 2008. (Fee-For-Service Only).

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 7. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Michele Yopez, California Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Colorado

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	467,600	64,598	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	553,800	99,555	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

March 2010 Caseload	512,250	N/A	Colorado Department of Health Care Policy and Financing, http://www.colorado.gov/hcpf
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	66%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	205%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
11.0%	96.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Colorado

→ Colorado's Medicaid website: <http://www.colorado.gov/hcpf>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	16.6	N/A
19-64	5.2	N/A
65 and Over	10.8	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Caseload (March 2010)	435,610	76,640
II. Enrollees as Percent of Population (March 2010)	10.0%	11.1%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Colorado Department of Health Care Policy and Financing. Medicaid Caseload without Retroactivity by County. Reporting Month Ending on 3/31/2010

II: Figure is Total Caseload/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Jennifer Dunn, Colorado Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Connecticut

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	459,500	14,136	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	530,300	22,270	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	185%
Children ages 6 – 19	185%
Parents*	191%
Childless Adults*	N/A
Pregnant Women	250%
Aged, Blind and Disabled ⁺	56/68%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	65.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Connecticut

→ Connecticut's Medicaid website: <http://www.ct.gov/dss/site/default.asp>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	23.5	27.7
19-64	7.7	13.0
65 and Over	5.0	3.6

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: Connecticut does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Delaware

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	166,700	6,090	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	184,900	11,192	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	121%
Childless Adults*	110%
Pregnant Women	200%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.21%	61.78%	65.15%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
69.5%	63.7%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Delaware

→ Delaware's Medicaid website: <http://www.dhss.delaware.gov/dhss/dmma/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	22.1	40.2
19-64	9.0	11.8
65 and Over	6.4	1.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: Delaware does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

District of Columbia

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	129,900	6,307	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	164,900	8,746	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2008	144,910	N/A	DC Department of Healthcare Finance, http://www.dhcf.dc.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	300%
Children ages 6 – 19	300%
Parents *	207%
Childless Adults *	N/A
Pregnant Women	300%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
70.00%	79.29%	79.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
61.3%	63.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in D.C.

→ D.C.'s Medicaid website: <http://www.dhcf.dc.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	41.7	N/A
19-64	15.7	N/A
65 and Over	10.2	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2008)	144,910	N/A
II. Enrollees as Percent of Population (FY 2008)	24.5%	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: DC Department of Healthcare Finance. Medicaid Annual Report FY 2008.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: The District of Columbia does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Florida

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	2,502,800	225,028	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	2,842,400	354,385	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

February 2010	2,916,988	N/A	Tiffany Bryant, Florida AHCA
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	53%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
54.98%	67.64%	68.49%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
35.7%	63.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Florida

→ Florida's Medicaid website: <http://ahca.myflorida.com/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	22.6	37.6
19-64	5.4	16.3
65 and Over	7.3	11.1

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (February 2010)	2,713,023	203,965
II. Enrollees as Percent of Population (February 2010)	15.6%	17.3%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (May 2009)	473,201	342,255

Sources and Notes:

I: Tiffany Bryant, Florida AHCA

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Medicaid HMO Enrollment by County and Plan as of May 2009 (including Medikids Population). Managed Health Care Enrollment Reports. Florida's Agency for Health Care Administration.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Joel Libby, Florida Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Georgia

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	Chip Enrollment	Source
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National Data Sources

June 2009	1,387,100	198,951	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,685,000	311,234	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

SFY 2008	1,260,484	N/A	Georgia Department of Community Health, http://dch.georgia.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	50%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	56/68%
Separate CHIP program	235%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
65.10%	74.96%	75.57%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
56.9%	91.9%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Georgia

→ Georgia's Medicaid website: <http://dch.georgia.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	28.8	37.1
19-64	4.7	7.0
65 and Over	6.4	8.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (SFY 2008)	928,385	332,098
II. Enrollees as Percent of Population (SFY 2008)	11.7%	18.4%
III. Dollars Spent (SFY 2008)	\$4,636,367,881	\$1,772,734,649
IV. Dollars Spent per Enrollee (SFY 2008)	\$4,994	\$5,338
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Georgia Department of Community Health 2008 Annual Report.

<http://dch.georgia.gov/02/dch/home/0,2467,31446711,00.html>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Georgia Department of Community Health 2008 Annual Report.

<http://dch.georgia.gov/02/dch/home/0,2467,31446711,00.html>

IV: Georgia Department of Community Health 2008 Annual Report.

<http://dch.georgia.gov/02/dch/home/0,2467,31446711,00.html>

Note: Enrollment figures are derived from members average. See report for explanation

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	At cost (100%)

Source: Patricia Whaley, Director of Georgia State Office of Rural Health

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Hawaii

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	214,400	20,763	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	216,600	28,803	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

January 2010	249,875	N/A	Hawaii State Department of Human Services, Med-QUEST Division, http://www.med-quest.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	300%
Children ages 6 – 19	300%
Parents*	100%
Childless Adults*	100%
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
54.24%	67.35%	67.97%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
79.1%	79.1%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Hawaii

→ Hawaii's Medicaid website: <http://www.med-quest.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	24.0	33.5
19-64	6.1	9.4
65 and Over	10.6	5.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (January 2010)	157,800	92,075
II. Enrollees as Percent of Population (January 2010)	17.3%	23.7%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (November 2008)	113,614	64,611

Sources and Notes:

I: Hawaii State Department of Human Services, Med-QUEST Division. As of Jan 2010 QUEST Enrollment. <http://www.med-quest.us/>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Hawaii State Department of Human Services, Med-QUEST Division. 2009. QUEST Enrollment. <http://www.med-quest.us/ManagedCare/MQDquestenroll.html>

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: R. Scott Daniels, Hawaii Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Idaho

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	185,500	29,652	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	212,500	43,526	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

December 2009	134,246	N/A	Public Records Request
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents*	27%
Childless Adults*	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	78%
Separate CHIP program	185%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
69.40%	79.18%	78.58%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	83.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Idaho

→ Idaho's Medicaid website: <http://www.healthandwelfare.idaho.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	22.9	22.9
19-64	5.4	4.8
65 and Over	9.6	4.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (December 2009)	134,246	72,600
II. Enrollees as Percent of Population (December 2009)	13.2%	13.6%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Public Records Request

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Less than cost (96.5%)
Outpatient	Less than cost (~80%)

Source: Mary Sheridan, Idaho Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Illinois

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[Table 7. Medicaid enrollment and expenditures by rurality \(based on state administrative data\)](#)

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	2,191,500	195,233	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	2,322,500	356,460	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents*	185%
Childless Adults*	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.17%	61.88%	65.12%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
7.8%	55.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Illinois

→ Illinois's Medicaid website: <http://www.hfs.illinois.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	28.4	34.5
19-64	6.6	11.7
65 and Over	4.6	4.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Cost-based (100%)

Source: Pat Schou, Illinois Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Indiana

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	920,300	70,496	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,022,700	124,954	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

December 2007	867,397	N/A	Indiana Family and Social Services Administration http://www.in.gov/fssa/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents *	25%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
65.93%	75.69%	76.15%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
66.1%	71.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Indiana

→ Indiana's Medicaid website: <http://www.in.gov/fssa/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	32.3	28.3
19-64	6.7	5.3
65 and Over	4.9	3.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2007 and 2008. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (December 2007)	674,035	193,362
II. Enrollees as Percent of Population (December 2007)	13.6%	13.9%
III. Dollars Spent (December 2007)	\$261,972,383	\$86,258,935
IV. Dollars Spent per Enrollee (December 2007)	\$388	\$446
V. Managed Care Enrollees (December 2007)	422,030	113,801

Sources and Notes:

I: Indiana Family and Social Services Administration. December 2007.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Indiana Family and Social Services Administration. December 2007.

IV: Indiana Family and Social Services Administration. December 2007.

V: Indiana Family and Social Services Administration. December 2007.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based (DRG)
Outpatient	Not cost-based (fee schedule)

Source: Jim Miller, Indiana Rural Health Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Iowa

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	374,400	43,830	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	470,000	50,390	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

March 2010	442,547	N/A	Iowa Department of Human Services, http://www.dhs.state.ia.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents [*]	83%
Childless Adults [*]	N/A
Pregnant Women	300%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, www.statehealthfacts.org

^{*}Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
63.51%	72.55%	74.46%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
1.3%	81.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Iowa

→ Iowa's Medicaid website: <http://www.ime.state.ia.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	21.9	29.8
19-64	7.7	6.3
65 and Over	9.3	5.8

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (March 2010)	244,094	198,453
II. Enrollees as Percent of Population (March 2010)	14.3%	15.2%
III. Dollars Spent (March 2010)	\$138,699,413	\$120,681,362
IV. Dollars Spent per Enrollee (March 2010)	\$568	\$608
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Iowa Department of Human Services. Medicaid Management Information System. Medicaid Summary by County. As of 03/31/10.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Iowa Department of Human Services. Medicaid Management Information System. Medicaid Summary by County. As of 03/31/10.

IV: Iowa Department of Human Services. Medicaid Management Information System. Medicaid Summary by County. As of 03/31/10.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Andrea Seip, Iowa Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Kansas

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	264,400	38,731	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	352,900	51,162	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	150%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	32%
Childless Adults*	N/A
Pregnant Women	150%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	241%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
60.38%	69.68%	72.27%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
47.7%	83.8%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Kansas

→ Kansas's Medicaid website: <https://www.kmap-state-ks.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	26.3	27.3
19-64	6.0	5.2
65 and Over	3.5	3.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: N/A

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Theresa Welsh, Kansas Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Kentucky

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	748,500	53,991	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	833,900	67,717	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2009	748,282	N/A	Kentucky Cabinet for Health and Family Services, http://chfs.ky.gov/dms/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents *	62%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled [†]	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

[†]Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
70.96%	80.14%	79.67%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
19.8%	90.8%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Kentucky

→ Kentucky's Medicaid website: <http://chfs.ky.gov/dms/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	34.2	33.9
19-64	6.8	12.9
65 and Over	10.0	11.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2009)	328,340	419,942
II. Enrollees as Percent of Population (FY 2009)	13.1%	23.0%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Kentucky Cabinet for Health and Family Services. Department for Medicaid Services. Medicaid Statistics: Eligibility Counts by County. Grand Total Eligible Recipients, by Eligibility Factor. FY 2009. <http://chfs.ky.gov/dms/stats.htm>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Woodrow Dunn, Kentucky Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Louisiana

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	898,400	126,657	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,096,500	147,863	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

April 2010/ January 2010	1,144,613	122,964	Louisiana Department of Health and Hospitals, http://www.dhh.louisiana.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

Table 3. Medicaid and CHIP income eligibility limits as a percent of Federal Poverty Level, December 2009

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	200%
Parents *	25%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled [†]	75%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

[†]Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
67.61%	81.48%	77.33%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	68.7%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Louisiana

→ Louisiana's Medicaid website: <http://www.dhh.louisiana.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	32.0	N/A
19-64	6.3	N/A
65 and Over	10.2	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (April 2010)	800,015	344,598
II. Enrollees as Percent of Population (April 2010)	23.8%	30.3%
III. Dollars Spent (FY 2007-2008)	\$2,715,029,064	\$1,220,384,705
IV. Dollars Spent per Enrollee (FY 2007-2008)	\$3,172	\$3,197
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Louisiana Department of Health and Hospitals. 2010 Medicaid Enrollment Figures. Medicaid Enrollment by Parish- April 2010.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Louisiana State Annual Report. Fiscal Year 2007-2008. Page 21. Table 10. Retrieved July 9, 2009. http://www.dhh.state.la.us/offices/publications/pubs-1/Medicaid_07_08_WEB.pdf

IV: Louisiana State Annual Report. Fiscal Year 2007-2008. Page 21. Table 10. Retrieved July 9, 2009. http://www.dhh.state.la.us/offices/publications/pubs-1/Medicaid_07_08_WEB.pdf

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Chip Thompson, Louisiana Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Maine

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	262,100	14,955	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	350,100	30,947	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

February 2010 Caseload	232,479	15,398	DHHS MaineCare Finance, http://www.maine.gov/dhhs/oms/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents *	206%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
64.99%	74.86%	75.49%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	63.1%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Maine

→ Maine's Medicaid website: <http://www.maine.gov/dhhs/oms/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	28.8	40.7
19-64	12.0	18.6
65 and Over	16.1	19.3

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Caseload (February 2010)	120,355	111,411
II. Enrollees as Percent of Population (February 2010)	15.5%	20.4%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: State of Maine, DHHS- MaineCare Finance. MaineCare Caseload by County for the month of: February 2010.

II: Figure is Total Caseload/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (109%)
Outpatient	Greater than cost (109%)

Source: Edwina Ducker, Maine Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Maryland

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	626,500	99,582	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	753,100	132,864	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

SFY 2009	627,104	N/A	Department of Health and Mental Hygiene, http://www.dhmd.state.md.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	300%
Children ages 6 – 19	300%
Parents *	116%
Childless Adults *	N/A
Pregnant Women	250%
Aged, Blind and Disabled [†]	75%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

[†]Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>.

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
69.1%	72.7%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Maryland

→ Maryland's Medicaid website: <http://www.dhmf.state.md.us/mma/mmahome.html>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	20.8	47.3
19-64	5.3	8.0
65 and Over	7.6	7.3

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (SFY 2009)	586,758	40,346
II. Enrollees as Percent of Population (SFY 2009)	10.0%	13.2%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Maryland Department of Health and Mental Hygiene. SFY 2009.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: Maryland does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Massachusetts

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,068,300	103,605	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,402,500	200,950	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents*	133%
Childless Adults*	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
34.8%	60.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Massachusetts

→ Massachusetts Medicaid website: <http://www.mass.gov/Masshealth>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	27.8	10.5
19-64	16.0	2.3
65 and Over	9.6	0.0

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: See below

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Michigan

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,645,500	46,308	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,855,500	67,763	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

March 2010 Recipients	1,870,275	N/A	Michigan Department of Human Services, http://www.michigan.gov/dhs
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

Table 3. Medicaid and CHIP income eligibility limits as a percent of Federal Poverty Level, December 2009

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents *	64%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
63.19%	73.27%	74.23%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
64.2%	88.1%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Michigan

→ Michigan's Medicaid website: http://www.michigan.gov/mdch/0,1607,7-132-2943_4860--,00.html

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	27.7	36.9
19-64	8.6	9.8
65 and Over	4.7	3.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Recipients (March 2010)	1,512,731	357,544
II. Recipients as Percent of Population (March 2010)	18.5%	19.4%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (May 2009)	818,804	141,465

Sources and Notes:

I: Green Book Report of Key Program Statistics. March 2010. Department of Human Services.
http://www.michigan.gov/dhs/0,1607,7-124-5458_7696_10830---,00.html

II: Figure is Total Recipients/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Medicaid Health Plan Enrollment. Michigan Department of Community Health. May 2009. Enrollment Data. Accessed May 22, 2009. http://www.michigan.gov/documents/mdch/JE02052009_278334_7.pdf

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Angie Emge, Michigan Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Minnesota

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	660,500	2,226	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	785,600	5,621	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

December 2009	605,712	N/A	Minnesota Department of Human Services, www.dhs.state.mn.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	280%
Children ages 1 – 5	275%
Children ages 6 – 19	275%
Parents *	215%
Childless Adults *	N/A
Pregnant Women	275%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
62.4%	62.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Minnesota

→ Minnesota's Medicaid website: www.dhs.state.mn.us/

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	16.7	33.2
19-64	7.0	15.4
65 and Over	5.3	6.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (Dec 2009)	431,092	174,560
II. Enrollees as Percent of Population (Dec 2009)	10.9%	13.2%
III. Dollars Spent (Dec 2009)	\$5,061,599,070	\$1,947,646,930
IV. Dollars Spent per Enrollee (Dec 2009)	\$11,741	\$11,157
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Minnesota Medical Assistance. Enrollees eligible in Dec 2009 as of May 02 2010

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Minnesota Medical Assistance. Payments in calendar year 2009 by county of financial responsibility. Accessed June 6, 2010.

IV: Minnesota Medical Assistance. Payments in calendar year 2009 by county of financial responsibility. Accessed June 6, 2010.

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Judy Bergh, Minnesota Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Mississippi

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	577,300	67,097	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	750,400	84,370	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	44%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	80%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
75.67%	84.86%	82.97%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	72.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Mississippi

→ Mississippi's Medicaid website: <http://www.medicaid.ms.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	35.2	46.2
19-64	10.9	12.3
65 and Over	24.1	20.0

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state’s Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: N/A

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Mendal Kemp, Mississippi Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Missouri

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	778,300	65,133	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,001,800	136,135	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

SFY 2008	827,967	N/A	Missouri Department of Social Services, http://www.dss.mo.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	150%
Children ages 6 – 19	150%
Parents *	25%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	85%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
64.51%	74.43%	75.16%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
41.5%	97.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Missouri

→ Missouri's Medicaid website: <http://www.dss.mo.gov/mhd/index.htm>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	22.8	50.2
19-64	6.0	13.2
65 and Over	8.4	8.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (SFY 2008)	544,019	271,936
II. Enrollees as Percent of Population (SFY 2008)	12.6%	18.3%
III. Dollars Spent (FY 2008)	\$3,285,600,000	\$1,887,000,000
IV. Dollars Spent per Enrollee (FY 2008)	\$6,039	\$6,939
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Missouri Department of Social Services. County Quick Facts SFY - 08.

<http://www.dss.mo.gov/mis/cqfacts/qfacts08.html>.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Missouri Department of Social Services. County Quick Facts SFY - 08.

<http://www.dss.mo.gov/mis/cqfacts/qfacts08.html>.

IV: Missouri Department of Social Services. County Quick Facts SFY - 08.

<http://www.dss.mo.gov/mis/cqfacts/qfacts08.html>.

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Bryant McNalley, Missouri Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Montana

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Medicaid in Rural Areas

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[Table 7. Medicaid enrollment and expenditures by rurality \(based on state administrative data\)](#)

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	82,500	18,639	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	110,800	22,679	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

March 2010 Recipients	86,463	N/A	Montana Department of Public Health and Human Services, http://www.dphhs.mt.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

Table 3. Medicaid and CHIP income eligibility limits as a percent of Federal Poverty Level, December 2009

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents *	56%
Childless Adults *	N/A
Pregnant Women	150%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
67.42%	77.99%	77.19%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	36.0%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Montana

→ Montana's Medicaid website: <http://www.dphhs.mt.gov/programsservices/medicaid.shtml>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	24.6	31.3
19-64	7.2	7.4
65 and Over	3.8	6.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Recipients (March 2010)	29,605	56,728
II. Recipients as Percent of Population (March 2010)	9.0%	8.5%
III. Dollars Spent (March 2010)	\$20,089,644	\$39,527,765
IV. Dollars Spent per Recipient (March 2010)	\$678	\$696
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Statistical Report. Table 5: Medical Assistance by County, Number of Recipients and Amount of Payments by Type of Service. March 2010.

<http://www.dphhs.mt.gov/statisticalinformation/tanfstats/tanf052009/index.shtml>

II: Figure is Total Recipients/Total Population. Total Population based upon US Census Bureau data.

III: Statistical Report. Table 5: Medical Assistance by County, Number of Recipients and Amount of Payments by Type of Service. March 2010.

<http://www.dphhs.mt.gov/statisticalinformation/tanfstats/tanf052009/index.shtml>

IV: “”

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Carol Bischoff, Montana Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Nebraska

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	190,000	23,744	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	240,900	48,827	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2007	202,729	N/A	Nebraska Health and Human Services System, http://www.hhs.state.ne.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	200%
Parents *	58%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
60.56%	68.76%	72.39%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
16.2%	84.8%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Nebraska

→ Nebraska's Medicaid website: <http://www.hhs.state.ne.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	19.8	28.4
19-64	5.1	8.2
65 and Over	5.7	6.8

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2007)	110,403	90,833
II. Enrollees as Percent of Population (FY 2007)	10.7%	12.1%
III. Dollars Spent (FY 2007)	\$653,117,000	\$626,888,000
IV. Dollars Spent per Enrollee (FY 2007)	\$5,916	\$6,902
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Nebraska Health and Human Services System. Nebraska Medicaid Program General Information Report 2007.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Nebraska Health and Human Services System. Nebraska Medicaid Program General Information Report 2007.

IV: Nebraska Health and Human Services System. Nebraska Medicaid Program General Information Report 2007.

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: David Palm, Nebraska Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Nevada

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	213,500	22,444	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	247,000	38,592	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	88%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	86/87/75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.16%	63.93%	65.11%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
47.1%	82.9%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Nevada

→ Nevada's Medicaid website: <https://dhcfp.nv.gov/index.htm>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	15.9	N/A
19-64	4.5	N/A
65 and Over	7.1	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	Not cost-based

Source: David Packham, Nevada Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

New Hampshire

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	123,900	7,905	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	143,500	12,236	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	185%
Children ages 6 – 19	185%
Parents*	49%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	79%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	77.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in New Hampshire

→ New Hampshire's Medicaid website: <http://www.dhhs.state.nh.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	14.4	25.1
19-64	3.0	3.8
65 and Over	5.1	2.1

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A.

II: N/A

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based (DRG)
Outpatient	Less than cost (91.2%)

Source: Chip Cooper, New Hampshire Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

New Jersey

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	812,400	133,878	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	954,000	151,805	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

April 2010	902,080	N/A	NJ FamilyCare, http://www.njfamilycare.org/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents *	200%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	350%

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
72.1%	72.1%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in New Jersey

→ New Jersey's Medicaid website:

<http://www.state.nj.us/humanservices/dmahs/clients/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	17.3	N/A
19-64	6.1	N/A
65 and Over	7.1	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (April 2010)	902,080	N/A
II. Enrollees as Percent of Population (April 2010)	10.3%	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: NJ FamilyCare- County Enrollments April 2010. Accessed May 25, 2010.

http://www.njfamilycare.org/enroll/enroll_chart_print.html.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: New Jersey does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

New Mexico

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	432,100	8,647	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	501,300	14,944	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

January 2010	482,157	N/A	New Mexico Human Services Department, http://www.hsd.state.nm.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	235%
Children ages 1 – 5	235%
Children ages 6 – 19	235%
Parents *	67%
Childless Adults *	N/A
Pregnant Women	235%
Aged, Blind and Disabled [†]	75%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

[†]Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
71.35%	80.49%	79.95%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
61.9%	62.0%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in New Mexico

→ New Mexico's Medicaid website: <http://www.hsd.state.nm.us/mad/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	30.2	45.1
19-64	8.1	10.7
65 and Over	10.0	7.0

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (January 2010)	298,575	183,113
II. Enrollees as Percent of Population (January 2010)	22.3%	27.1%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Monthly All Client Eligibility Report Year/Month Distribution by County. Department. January 2010. Accessed May 25, 2010. http://www.hsd.state.nm.us/mad/pdf_files/Reports/Revisedby5-5-10/AllClientDistributionbyCo.pdf

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Martin Peralta, New Mexico Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

New York

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	4,417,900	382,803	The Kaiser Family Foundation, http://www.statehealthfacts.org
FY 2007 (Medicaid) FY 2008 (CHIP)	4,954,600	517,256	The Kaiser Family Foundation, http://www.statehealthfacts.org

State Data Sources

September 2009	4,520,189	N/A	NY State Department of Health, http://www.health.state.ny.us/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	150%
Childless Adults *	100%
Pregnant Women	200%
Aged, Blind and Disabled ⁺	85%
Separate CHIP program	400%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
64.2%	65.4%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in New York

→ New York's Medicaid website: http://www.health.state.ny.us/health_care/medicaid/

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	35.2	24.8
19-64	14.8	11.9
65 and Over	16.3	8.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (September 2009)	4,238,825	281,364
II. Enrollees as Percent of Population (September 2009)	23.5%	18.2%
III. Dollars Spent (May 2008)	\$3,038,353,135	\$161,188,733
IV. Dollars Spent per Enrollee (May 2008)	\$716	\$572
V. Managed Care Enrollees June 2009)	2,423,283	75,775

Sources and Notes:

I: New York State Department of Health. Medicaid Eligibles by County. September 2009.

http://www.health.state.ny.us/nysdoh/medstat/el2009/2009-09_enrollees.htm. Accessed May 25, 2010.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: See I

IV: See I

V: Monthly Medicaid Managed Care Enrollment Report. 2009 Monthly Medicaid Managed Care Enrollment. Recipients Eligible for Enrollment in Managed Care: Enrollment Status by Aid Category and County, and Total Percent Enrolled by Provider Plan. June 2009.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Gerald R. Fitzgibbon, Project Manager, Charles D. Cook Office of Public Health

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

North Carolina

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,328,900	129,973	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,645,900	251,653	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

July 2010	1,448,290	N/A	NC Division of Medical Assistance http://www.dhhs.state.nc.us/dma/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	100%
Parents *	49%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
65.13%	74.98%	75.79%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	66.9%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in North Carolina

→ North Carolina's Medicaid website: <http://www.dhhs.state.nc.us/dma/medicaid/index.htm>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	27.1	36.4
19-64	6.5	10.8
65 and Over	7.7	9.1

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (July 2010)	925,653	522,637
II. Enrollees as Percent of Population (July 2010)	13.9%	18.9%
III. Dollars Spent (CY 2006)	\$4,845,776,702	\$3,061,495,133
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (May 2010)	711,341	392,636

Sources and Notes:

I: NC Division of Medical Assistance. CCNC/CA Medicaid Monthly Enrollment Reports. 2010.
<http://www.dhhs.state.nc.us/dma/ca/enroll/index.htm>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: NC Department of Health and Human Services. Division of Medical Assistance. Carolina ACCESS Monthly Enrollment Reports. April 2009.

IV: N/A

V: NC Division of Medical Assistance. CCNC/CA Medicaid Monthly Enrollment Reports. 2010.
<http://www.dhhs.state.nc.us/dma/ca/enroll/index.htm>

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Matt Womble, North Carolina Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

North Dakota

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	58,700	4,644	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	69,400	7,617	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	59%
Childless Adults*	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	160%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
63.01%	69.95%	74.11%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	58.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in North Dakota

→ North Dakota's Medicaid website: <http://www.nd.gov/dhs/services/medicalserv/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	17.5	23.1
19-64	3.6	5.5
65 and Over	5.5	6.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: Marlene Miller, North Dakota Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Ohio

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
	X	

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,797,600	153,335	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	2,067,300	251,278	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

SFY 2006	2,183,513	N/A	Ohio Department of Job and Family Services, http://jfs.ohio.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	200%
Parents *	90%
Childless Adults *	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	65%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
63.42%	73.47%	74.39%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
71.4%	71.5%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Ohio

→ Ohio's Medicaid website: <http://jfs.ohio.gov/Ohp/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	28.4	23.0
19-64	7.7	8.0
65 and Over	3.8	3.4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (SFY 2006)	1,704,509	379,004
II. Enrollees as Percent of Population (SFY 2006)	18.4%	21.4%
III. Dollars Spent (SFY 2006)	\$9,337,836,552	\$2,394,429,946
IV. Dollars Spent per Enrollee (SFY 2006)	\$5,478	\$4,998
V. Managed Care Enrollees	1,096,758	277,239

Sources and Notes:

I: Ohio Medicaid Report. SFY 2006. Statewide and Count Data. Ohio Department of Job and Family Services.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Ohio Medicaid Report. SFY 2006. Statewide and Count Data. Ohio Department of Job and Family Services.

IV: See I

V: Ohio Medicaid Managed Care, Covered Families and Children Program. July 2009. Ohio Health Plans. Medicaid Managed Care Updates. Medicaid Managed Care Monthly Enrollment Reports.

<http://jfs.ohio.gov/OHP/bmhc/con-man-care-reports.stm>.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Tina Turner-Myers, Ohio Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Oklahoma

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	563,000	65,679	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	719,200	117,507	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

SFY 2009	803,264	N/A	Oklahoma Health Care Authority, http://www.okhca.org
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	185%
Children ages 6 – 19	185%
Parents *	47%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	80%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
64.43%	76.73%	75.10%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	87.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Oklahoma

→ Oklahoma's Medicaid website: <http://www.okhca.org>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	33.3	37.8
19-64	5.6	10.1
65 and Over	4.5	8.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (SFY 2009)	467,074	336,190
II. Enrollees as Percent of Population (SFY 2009)	20.0%	25.5%
III. Dollars Spent (SFY 2009)	\$1,970,376,226	\$1,543,192,335
IV. Dollars Spent per Enrollee (SFY 2009)	\$4,218	\$4,590
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Oklahoma Health Care Authority. State Fiscal Year 2009 Annual Report. July 2008 through June 2009. Appendix B. Pages 64 -69. <http://okhca.org/research.aspx?id=84>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Oklahoma Health Care Authority. State Fiscal Year 2009 Annual Report. July 2008 through June 2009. Appendix B. Pages 64 -69. <http://okhca.org/research.aspx?id=84>

IV: Oklahoma Health Care Authority. State Fiscal Year 2009 Annual Report. July 2008 through June 2009. Appendix B. Pages 64 -69. <http://okhca.org/research.aspx?id=84>

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Rod Hargrave, Oklahoma Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Oregon

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	393,400	47,575	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	512,600	117,507	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

December 2008	436,069	N/A	Oregon Division of Medical Assistance, http://www.oregon.gov/DHS/healthplan
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	40%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled [†]	75/78%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

[†]Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
62.74%	72.87%	73.92%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
73.4%	91.2%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Oregon

→ Oregon's Medicaid website: <http://www.oregon.gov/DHS/healthplan>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	24.0	31.3
19-64	6.8	8.1
65 and Over	5.0	8.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (December 2008)	317,577	118,492
II. Enrollees as Percent of Population (December 2008)	10.7%	14.1%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (April 2010)	297,243	100,928

Sources and Notes:

I: Oregon Division of Medical Assistance Programs Summary. December 2008.

http://www.oregon.gov/DHS/healthplan/data_pubs/eligibles/main.shtml. Accessed 2010.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Oregon Health Plan. OHP Managed Care Enrollment Reports. April 2010.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Kassie Clarke, Oregon Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Pennsylvania

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Medicaid in Rural Areas

[Table 6. Percent of residents enrolled in Medicaid by age and rurality \(based on survey data\)](#)

[Table 7. Medicaid enrollment and expenditures by rurality \(based on state administrative data\)](#)

[Table 8. Critical Access Hospital payment under Medicaid](#)

Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	2,017,800	191,497	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	2,090,200	256,627	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	34%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
54.81%	65.85%	68.37%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
52.8%	81.1%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Pennsylvania

→ Pennsylvania's Medicaid website: <http://www.dpw.state.pa.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	25.8	28.0
19-64	9.3	9.4
65 and Over	5.1	8.5

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees (December 2007)	1,023,980	53,455

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: Pennsylvania Department of Public Welfare, Office of Medical Assistance Programs. Managed Care information. Managed Care Statistical Report. December 2007.

<http://www.dpw.state.pa.us/omap/hcmc/omaphcmci.asp>

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Larry Baronner, Pennsylvania Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Rhode Island

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	159,300	12,454	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	195,400	26,031	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	250%
Children ages 1 – 5	250%
Children ages 6 – 19	250%
Parents*	181%
Childless Adults*	N/A
Pregnant Women	250%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, www.statehealthfacts.org

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
52.63%	63.92%	66.84%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
61.9%	61.9%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Rhode Island

→ Rhode Island's Medicaid website: <http://www.dhs.ri.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	28.3	N/A
19-64	11.1	N/A
65 and Over	7.5	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: N/A

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	N/A
Outpatient	N/A

Source: Rhode Island does not have a CAH program

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

South Carolina

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	95,296	11,900	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	122,700	15,277	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2008	903,397	N/A	DHHS Annual Report, http://www.scdhhs.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	100%
Parents *	49%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
70.32%	79.58%	79.22%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
26.8%	93.8%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in South Carolina

→ South Carolina Medicaid website: <http://www.dhhs.state.sc.us/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	22.0	37.8
19-64	6.6	11.5
65 and Over	7.7	14.0

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2008)	632,532	270,865
II. Enrollees as Percent of Population (FY 2008)	18.4%	25.4%
III. Dollars Spent (FY 2008)	\$2,677,798,466	\$1,056,972,871
IV. Dollars Spent per Enrollee (FY 2008)	\$4,233.46	\$3902.21
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Source for all Medicaid data: DHHS 2007 Annual Report. Medicaid Eligibles by Major Category, State Fiscal Year 2008. <http://www.scdhhs.gov/Internet/pdf/annual%20report%20final08.pdf>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: See I.

IV: See I.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: Melinda Merrell, South Carolina Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

South Dakota

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	95,296	11,900	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	122,700	15,277	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

April 2010	111,406	N/A	DSS Statistics. Number of People Eligible for Medical Services. http://dss.sd.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

Table 3. Medicaid and CHIP income eligibility limits as a percent of Federal Poverty Level, December 2009

	% FPL
Medicaid	
Infants age 0 – 1	140%
Children ages 1 – 5	140%
Children ages 6 – 19	140%
Parents*	52%
Childless Adults*	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
62.72%	70.80%	80.18%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	98.8%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in South Dakota

→ South Dakota's Medicaid website: <http://dss.sd.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	20.4	27.3
19-64	3.8	7.2
65 and Over	9.3	4.9

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (April 2010)	44,064	67,342
II. Enrollees as Percent of Population (April 2010)	11.7%	15.5%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: DSS Statistics. Number of People Eligible for Medical Services.

<http://dss.sd.gov/medicalservices/stats/eligiblepeople/2010/april.pdf>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Kenny Doppenberg, South Dakota Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Tennessee

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	1,266,259	67,980	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,447,100	63,619	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

February 2010	1,184,722	N/A	Bureau of TennCare, http://www.state.tn.us/tenncare/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	129%
Childless Adults *	N/A
Pregnant Women	250%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
65.57%	75.37%	75.9%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
100%	100%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Tennessee

→ Tennessee's Medicaid website: <http://www.state.tn.us/tenncare/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	32.5	40.7
19-64	10	13.7
65 and Over	12	11.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (Feb. 2010)	813,184	371,538
II. Enrollees as Percent of Population (Feb. 2010)	17.6%	22.3%
III. Dollars Spent (Feb. 2010)	\$4,072,099,639	\$2,043,100,040
IV. Dollars Spent per Enrollee (Feb. 2010)	\$879.88	\$1,224.48
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Bureau of TennCare. News and Information, TennCare Statistics. February 2010.

<http://www.state.tn.us/tenncare/news/Stats/expendcounty.htm>

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: See I.

IV: See I.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	At cost (100%)
Outpatient	At cost (100%)

Source: Bill Jolley, Vice President of Tennessee Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Texas

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
<i>National Data Sources</i>			
June 2009	3,099,639	544,815	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	4,170,100	731,916	The Kaiser Family Foundation, http://www.statehealthfacts.org/
<i>State Data Sources</i>			
May 2010	3,010,801		Texas Health and Human Services Commission. Texas Medicaid Enrollment Statistics. http://www.hhsc.state.tx.us/index.shtml

Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

Table 3. Medicaid and CHIP income eligibility limits as a percent of Federal Poverty Level, December 2009

	% FPL
Medicaid	
Infants age 0 – 1	185%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	129%
Childless Adults*	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
58.73%	70.94%	71.11%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
43.1%	69.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Texas

→ Texas's Medicaid website: <http://www.hhsc.state.tx.us/index.shtml>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	30.1	35.7
19-64	5.6	6.6
65 and Over	8.8	11.8

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (May 2010)	2,582,567	428,234
II. Enrollees as Percent of Population (May 2010)	11.9%	14.3%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Source: Texas Health and Human Services Commission. Texas Medicaid Enrollment Statistics. Preliminary Point in Time Reports for Medicaid Enrollment.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: N/A

IV: N/A

V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based (DRG)
Outpatient	Less than cost (80.3%)

Source: Cindy Miller, Texas Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Utah

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	241,086	41,468	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	291,000	51,092	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	44%
Childless Adults*	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	100%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
71.68%	80.78%	80.18%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0%	85.7%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Utah

→ Utah's Medicaid website: <http://health.utah.gov/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	13.3	N/A
19-64	3.9	N/A
65 and Over	7.1	N/A

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

I-V: N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Vance Eggers, Utah Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Vermont

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	133,892	3,330	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	157,600	6,496	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

January 2008	143,748	N/A	Vermont Department for Children and Families Economic Services Division, http://dcf.vermont.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	300%
Children ages 6 – 19	300%
Parents*	191%
Childless Adults*	160%
Pregnant Women	200%
Aged, Blind and Disabled ⁺	101%
Separate CHIP program	X%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
58.73%	69.96%	71.11%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
91%	91%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Vermont

→ Vermont's Medicaid website: <http://dcf.vermont.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	34	39.1
19-64	12.4	15.5
65 and Over	8.4	13.9

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (January 2008)	38,349	105,399
II. Enrollees as Percent of Population (January 2008)	18.6%	25.2%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Vermont Department for Children and Families Economic Services Division. Health Care Age of Recipients Report. January 2008.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based (DRG)
Outpatient	Greater than cost (101%)

Source: Mike DelTrecco, Vermont Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Virginia

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	720,555	96,163	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	863,330	155,289	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	133%
Parents*	29%
Childless Adults*	N/A
Pregnant Women	200%
Aged, Blind and Disabled ⁺	80%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
55.7%	62.7%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Virginia

→ Virginia's Medicaid website: <http://dmasva.dmas.virginia.gov/default.aspx>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	17.2	32.4
19-64	3.8	8.0
65 and Over	6.3	9.1

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent (FY 2006)	\$1,505,365,337	\$778,103,434
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

III: Virginia Department of Medical Assistance Services. Statistical Record of the Virginia Medicaid Program and Other Indigent Health Care Programs. FY 2006 Edition. Annual Medicaid Expenditures For Medical Services by Recipient Locality and Program, 1997-2006. http://www.dmas.virginia.gov/ab-2005_stats.htm

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Marilyn Jackson, Virginia Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Washington

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
-------------	---------------------	-----------------	--------

National Data Sources

June 2009	966,425	23,875	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	1,163,300	16,831	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2009	1,241,331	N/A	Washington State Department of Social and Health Services, http://www.dshs.wa.gov/
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	200%
Children ages 1 – 5	200%
Children ages 6 – 19	200%
Parents *	74%
Childless Adults *	N/A
Pregnant Women	185%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	300%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.12%	62.94%	65.08%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
53.7%	89.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Washington

→ Washington's Medicaid website: <http://www.dshs.wa.gov/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	25.4	32.2
19-64	8.4	10.9
65 and Over	6.1	6.7

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (FY 2009)	1,059,073	182,258
II. Enrollees as Percent of Population (FY 2009)	18.1%	22.4%
III. Dollars Spent (FY 2007)	\$2,684,677,950	\$480,283,150
IV. Dollars Spent per Enrollee (FY 2007)	\$2,535	\$2,517
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

III: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver.

IV: Washington State Department of Social and Health Services. Prepared 4/8/2010 by Linda Weaver.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Cost-based
Outpatient	Cost-based

Source: Mike Lee, Washington Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

West Virginia

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	320,125	24,555	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	392,300	37,645	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

FY 2010 Recipients	288,110	N/A	Pat J. Miller, West Virginia Medicaid DHHR
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	150%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents *	33%
Childless Adults *	N/A
Pregnant Women	150%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	250%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
74.04%	83.05%	81.83%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
44.6%	44.6%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in West Virginia

→ West Virginia's Medicaid website: <http://www.wvdhhr.org/bms/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	34.3	41.6
19-64	8.1	9.6
65 and Over	4.4	7.0

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Recipients (FY 2010)	140,168	147,942
II. Recipients as Percent of Population (FY 2010)	13.8%	18.3%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Sources and Notes:

I: Pat J. Miller, pat.j.miller@wv.gov; West Virginia Medicaid DHHR

II: Figure is Total Recipients/Total Population. Total Population based upon US Census Bureau data.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2010.

Table 8. Critical Access Hospital payment under Medicaid, 2010

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: Shawn Balleydier, West Virginia Flex Coordinator

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Wisconsin

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
		X

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
<i>National Data Sources</i>			
June 2009	878,686	72,153	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	990,000	52,940	The Kaiser Family Foundation, http://www.statehealthfacts.org/
<i>State Data Sources</i>			
April 2010	763,359	N/A	Wisconsin Medicaid/BadgerCare, http://www.dhs.wisconsin.gov/medicaid/

Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	300%
Children ages 1 – 5	300%
Children ages 6 – 19	300%
Parents *	200%
Childless Adults *	N/A
Pregnant Women	300%
Aged, Blind and Disabled ⁺	84%
Separate CHIP program	N/A

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
60.21%	70.63%	72.15%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
52.1%	52.3%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Wisconsin

→ Wisconsin's Medicaid website: <http://www.dhs.wisconsin.gov/medicaid/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	25.2	28.5
19-64	9.4	10.2
65 and Over	6.2	4

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees (April 2010)	545,196	218,163
II. Enrollees as Percent of Population (April 2010)	13.2%	14.3%
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	71,859	298,066

Sources and Notes:

I: Wisconsin Medicaid/BadgerCare Plus State/County Enrollment.

II: Figure is Total Enrollees/Total Population. Total Population based upon US Census Bureau data.

V: Source: Wisconsin Medicaid Managed Care. Monthly HMO Enrollment Reports. October 2008.

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Greater than cost (101%)
Outpatient	Greater than cost (101%)

Source: George Quinn, Wisconsin Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

Wyoming

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Medicaid and CHIP Overview

Medicaid is a health insurance program for certain groups of people with low incomes, including children, parents, disabled individuals, and elderly individuals.

The Children's Health Insurance Program (CHIP) provides coverage to low-income uninsured children with incomes that are too high to qualify for Medicaid but are less than or equal to the maximum CHIP income limits.

States can operate their CHIP program as an expansion of their Medicaid program, a separate program, or a combination (i.e., some children are covered through a separate state program, others through Medicaid).

Table 1. Structure of CHIP program, April 23, 2010

Separate State Program	Medicaid Expansion	Combination Program
X		

Source: Centers for Medicare and Medicaid Services

<http://www.cms.hhs.gov/LowCostHealthInsFamChild/downloads/CHIPStatePlanActivityMap.pdf>

Table 2. Total Medicaid and CHIP enrollment

Time Period	Medicaid Enrollment	CHIP Enrollment	Source
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National Data Sources

June 2009	61,238	5,532	The Kaiser Family Foundation, http://www.statehealthfacts.org/
FY 2007 (Medicaid) FY 2008 (CHIP)	78,100	8,976	The Kaiser Family Foundation, http://www.statehealthfacts.org/

State Data Sources

N/A	N/A	N/A	N/A
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Note: There are various ways to count the number of individuals enrolled in Medicaid or CHIP; different methods and time periods can result in slightly different counts. Counts from national data sources are included here for comparisons between states. When more recent counts are available on state websites, this information is also included.

**Table 3. Medicaid and CHIP income eligibility limits
as a percent of Federal Poverty Level,
December 2009**

	% FPL
Medicaid	
Infants age 0 – 1	133%
Children ages 1 – 5	133%
Children ages 6 – 19	100%
Parents*	52%
Childless Adults*	N/A
Pregnant Women	133%
Aged, Blind and Disabled ⁺	75%
Separate CHIP program	200%

Source: The Kaiser Family Foundation, <http://www.statehealthfacts.org/>

*Income limits are for working parents and childless adults and are based on a family of three with one earner. This category includes “Medicaid look-alike” programs that are funded with state funds only.

⁺Income limits for the aged, blind, and disabled category are based on a single adult; limits may be slightly higher for couples.

Federal matching rate for Medicaid and CHIP

The federal government matches a certain percentage of state Medicaid and CHIP expenditures.

- The Medicaid matching rate (the Federal Medical Assistance Percentage, or FMAP) varies across states and from year to year. Each state's rate is based on the state's per capita income relative to the national average and can be no less than 50%.
- The American Recovery and Reinvestment Act of 2009 (ARRA) temporarily increased the Medicaid matching rate for all states for Fiscal Years 2009 and 2010.
- States receive an enhanced matching rate for CHIP.

Table 4. Federal matching rate for Medicaid and CHIP, FY 2010

Medicaid		CHIP
Baseline	Estimated actual rate after ARRA adjustments	
50.00%	61.59%	65.00%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: More information on ARRA and the Medicaid matching rate is available at <http://www.statehealthfacts.org/> under the Temporary Federal Medicaid Relief section.

Table 5. Medicaid managed care enrollment as a percent of total Medicaid enrollment, June 30, 2008

Comprehensive managed care plans	Any managed care plan
0.0%	0.0%

Source: Kaiser Family Foundation, <http://www.statehealthfacts.org/>

Note: Percentages based on unduplicated counts of enrollees. Comprehensive managed care plans include commercial or Medicaid-only managed care organizations that provide comprehensive services to enrollees. Any managed care plans includes individuals receiving comprehensive or limited benefits from managed care plans and includes individuals enrolled in Primary Care Case Management programs.

Resources for additional information on Medicaid and CHIP in Wyoming

→ Wyoming's Medicaid website: <http://wyequalitycare.acs-inc.com/>

→ Kaiser Family Foundation's State Health Facts website: <http://www.statehealthfacts.org/>

Medicaid in Rural Areas

The information below defines “Rural” as residing in a non-metropolitan county and “Urban” as residing in a metropolitan county. These definitions are based on the Core Based Statistical Area (CBSA) designations from the Office of Management and Budget. Non-metropolitan counties include micropolitan counties and counties not in a CBSA.

Table 6. Percent of residents enrolled in Medicaid by age and rurality, 2008-2009
(based on survey data)

Age	Urban % on Medicaid	Rural % on Medicaid
0-18	18.9	24.4
19-64	5.8	5.9
65 and Over	3.7	6.2

Source: Current Population Survey, 2008 - 2009

Note: Figures are the percent of rural and urban residents who reported that were ever enrolled in Medicaid during 2008 and 2009. The Current Population Survey is the most commonly used source of state-level health insurance coverage information. These data may vary from the administrative data collected from state websites in Table 7. Estimates from the Current Population Survey of the number of people covered by Medicaid are usually lower than those from other surveys and administrative data.

Table 7. Medicaid enrollment and expenditures by rurality
(based on administrative data from the state's Medicaid website)

	Urban	Rural
I. Total Medicaid Enrollees	N/A	N/A
II. Enrollees as Percent of Population	N/A	N/A
III. Dollars Spent	N/A	N/A
IV. Dollars Spent per Enrollee	N/A	N/A
V. Managed Care Enrollees	N/A	N/A

Critical Access Hospital payment under Medicaid

Under federal law, Critical Access Hospitals (CAHs) must receive cost-based reimbursement from Medicare. It is up to the individual states whether or not to provide CAHs with cost-based reimbursement for Medicaid. This chart identifies the form of payment a CAH receives from the state Medicaid program as of 2009.

Table 8. Critical Access Hospital payment under Medicaid, 2009

Care	Payment Type
Inpatient	Not cost-based
Outpatient	Not cost-based

Source: Renee Probst, Wyoming Hospital Association

For more information see:

http://www.shepscenter.unc.edu/research_programs/rural_program/pubs/finding_brief/FB94.pdf

¹ "The Medicaid Program at a Glance." Kaiser Commission on Medicaid and the Uninsured, November 2008.

² "State Children's Health Insurance Program (SCHIP) at a Glance." Kaiser Commission on Medicaid and the Uninsured, January 2007.

³ Medicaid covers both children and adults who meet specific eligibility requirements, whereas the SCHIP program is primarily limited to uninsured children with family incomes that are too high to qualify for Medicaid but not sufficient to cover private insurance. Both programs are funded jointly by the federal and state governments. The federal government establishes the broad program guidelines, and states have flexibility to set specific eligibility criteria within these guidelines.

⁴ Agency for Healthcare Research and Quality. Medical Expenditure Panel Survey Household Component 2004 public use data. Accessed via MEPSnet Query Tool, July 2007.

http://www.meps.ahrq.gov/mepsweb/data_stats/meps_query.jsp

⁵ Silberman P, Rudolf M, D'Alpe C, Randolph R, Slifkin R. "The Impact of the Medicaid Budgetary Crisis on Rural Communities." Working Paper No 77. North Carolina Rural Health Research & Policy Analysis Center, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill, 2003.

⁶ Holahan J, Hoffman C. "What is the Current Population Survey Telling Us about the Number of Uninsured?" Kaiser Commission on Medicaid and the Uninsured. August 2005.

⁷ Blewett LA, Davern M. "Meeting the Need for State-Level Estimates of Health Insurance Coverage: Use of State and Federal Survey Data." *Health Services Research* 41(3 pt 1): 946-975. 2006.

⁸ "The Medicaid Program at a Glance." Kaiser Commission on Medicaid and the Uninsured, March 2007.

⁹ The Centers for Medicare and Medicaid Services (CMS) describes these managed care arrangements as follows: A commercial managed care organization (MCO) is "a health maintenance organization, an eligible organization with a contract under Section 1876 or a Medicare+Choice organization, a provider sponsored organization or any other private or public organization, which meets the requirements of Section 1902(w)." A Commercial MCO provides comprehensive services to Medicaid and commercial and/or Medicare populations; a Medicaid MCO provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare populations; a Health Insuring Organization is "a managed care entity which, by law, is exempt from certain rules governing MCO program operation such as the requirement for beneficiaries to have a choice of at least two managed care entities in mandatory programs"; a Primary Care Case Management provider is "a provider (usually a physician, physician group practice, or an entity employing or having other arrangements with such physicians, but sometimes with such physicians, but sometimes also including nurse practitioners, nurse midwives, or physician assistants who contracts directly with the State to locate, coordinate, and monitor covered primary care (and sometimes additional services). This category also includes those PIHPs that contract with the State as "primary care case managers"; a Prepaid

Inpatient Health Plan is a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis, and provides, arranges for, or otherwise have responsibility for provision of any inpatient hospital institutional services.” States can offer PIHPs for medical services, mental health, substance abuse disorders, or long-term care services; a Prepaid Ambulatory Health Plans is a plan that “provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and does not provide, arrange for, or otherwise have responsibility for provision of any inpatient hospital or institutional services.” States may offer PAHPs for medical services, mental health, substance abuse disorders, dental, transportation or disease management; the Program for All-inclusive Care for the Elderly (PACE) is a “program that provides prepaid, capitated comprehensive, health care services to the frail elderly.”