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

- **<u>Medicaid enrollment and expenditures by rurality (based on state administrative data)</u>**: 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.

- **<u>Critical Access Hospital payment under Medicaid</u>**: 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

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Health Insurance Coverage: Use of State and Federal Survey Data." *Health Services Research* 41(3 pt 1): 946-975. 2006.