



MEDICAID TOPICS

State-By-State Comparisons

Trends in Enrollment

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Issue Summary

Although the number of uninsured people continues to grow, nationwide enrollment in Medicaid in 2004 increased for the fourth consecutive year, partially offsetting the decline in job-based health coverage. In June 2004, a total of 41.3 million persons were enrolled with full Medicaid coverage or as low-income Medicare beneficiaries for whom Medicaid pays some or all of Medicare premiums, deductibles and coinsurance. Over the year ending June 2004, Medicaid enrollment jumped 4.1 percent or by 1.6 million beneficiaries, a slowing in the annual rate of growth since 2002 when there was nearly a 10 percent rise in enrollment. Medicaid enrollment nationally has increased at every six-month interval since December 1998.

These national trends mask considerable variation across the states. While enrollment rose 4.1 percent for the year ending June 2004, enrollment declined by as much as 5.2 percent in eight states and saw double digit increases in two states: Colorado (12.6%) and Virginia (11.4%) (*Table 1*).

Growth rates also varied by category of enrollment. For the year ending June 2004, enrollment of families, children and pregnant women rose 4.5 percent as compared to the 7.8 percent growth in enrollment that occurred in the previous year. Enrollment in the aged, blind and disabled categories has increased over the years; yet the rise of 2.8 percent in 2003-2004 is less than previous years.

Progress on expanding health coverage for children and parents differs widely across the states. Between July 2004 and July 2005, twenty states took steps in increase access by enacting new eligibility expansions, adopting procedural simplifications, or reducing premiums for children. Nine states reversed cuts in eligibility and altered other procedures that had been intended to restrict coverage. On the other hand, 25 states took actions to reduce access to coverage during this period.

Furthermore, Medicaid managed care continues to dominate state enrollment. As of the end of 2004, 61 percent of all Medicaid beneficiaries nationwide were enrolled in managed care plans. Ten states have over 85 percent of their Medicaid enrollees in managed care (*Table 2*).

Commercial managed care plans continue to enroll the most Medicare managed care beneficiaries. As of June 2004, about 27 percent of all Medicaid enrollments in managed care were in these plans, although there was widespread variation across the states (*Table 3*).

Importance to Family Physicians

Despite recent efforts by many states to limit Medicaid eligibility, Medicaid enrollment continues to climb in most states, particularly for pregnant women and children. For most states, the overwhelming presence of managed care plans that serve Medicaid beneficiaries will require

that family physicians who serve large numbers of Medicaid patients continue to be open to participation in these plans.

State-by-State Tables

Table 1
Percent Change in Medicaid Enrollment, June 2003-June 2004

Rank		Change in Medicaid Enrollment, 2003-04
	United States	4.1%
27	Alabama	4.1%
45	Alaska	-0.8%
35	Arizona	2.8%
7	Arkansas	7.8%
42	California	0.3%
1	Colorado	12.6%
5	Connecticut	8.4%
36	Delaware	2.7%
7	District of Columbia	7.8%
22	Florida	5.5%
17	Georgia	5.7%
21	Hawaii	5.6%
16	Idaho	5.9%
3	Illinois	9.5%
13	Indiana	6.6%
17	Iowa	5.7%
4	Kansas	9.0%
40	Kentucky	0.6%
10	Louisiana	7.1%
11	Maine	6.9%
14	Maryland	6.1%
31	Massachusetts	3.4%
17	Michigan	5.7%
39	Minnesota	2.1%
46	Mississippi	-1.0%
36	Missouri	2.7%
34	Montana	2.9%
25	Nebraska	4.4%
28	Nevada	3.9%
44	New Hampshire	-0.1%
43	New Jersey	0.2%
24	New Mexico	4.6%
9	New York	7.3%
30	North Carolina	3.5%
48	North Dakota	-2.6%
17	Ohio	5.7%

23	Oklahoma	4.8%
29	Oregon	3.7%
11	Pennsylvania	6.9%
51	Rhode Island	-5.2%
50	South Carolina	-3.2%
32	South Dakota	3.3%
33	Tennessee	3.1%
15	Texas	6.0%
6	Utah	8.1%
41	Vermont	0.5%
2	Virginia	11.4%
48	Washington	-2.6%
38	West Virginia	2.4%
47	Wisconsin	-1.1%
26	Wyoming	4.2%

Notes: Data are based on "point-in-time" monthly enrollment counts for June 2003 and June 2004.

Sources: Compiled by the Health Management Associates from state Medicaid enrollment reports, for the Kaiser Commission on Medicaid and the Uninsured. Data as of June 2004, published September 2005.

Table 2
Medicaid Managed Care (MC) Enrollees as a Percent of State Medicaid Enrollees, as of December 31, 2004

Rank		MC Enrollment as a % of Medicaid Enrollment
	United States	61.3%
35	Alabama	61.3%
49	Alaska	0%
9	Arizona	88.4%
37	Arkansas	60.0%
39	California	50.5%
3	Colorado	97.1%
16	Connecticut	75.4%
15	Delaware	77.1%
28	District of Columbia	64.2%
24	Florida	67.5%
4	Georgia	93.8%
13	Hawaii	79.7%
11	Idaho	80.8%
47	Illinois	9.6%
31	Indiana	63.6%
7	Iowa	90.1%
38	Kansas	56.9%
6	Kentucky	92.9%
14	Louisiana	78.8%
36	Maine	61.0%
23	Maryland	67.9%
32	Massachusetts	62.1%
5	Michigan	93.7%
30	Minnesota	64.1%
46	Mississippi	14.5%
43	Missouri	44.2%
25	Montana	67.1%
18	Nebraska	73.2%
40	Nevada	50.0%
49	New Hampshire	0%
19	New Jersey	69.6%
28	New Mexico	64.2%
33	New York	61.8%
21	North Carolina	69.5%
34	North Dakota	61.7%
45	Ohio	31.2%
22	Oklahoma	68.1%

12	Oregon	80.1%
17	Pennsylvania	75.3%
19	Rhode Island	69.6%
48	South Carolina	8.4%
2	South Dakota	97.6%
1	Tennessee	100.0%
44	Texas	43.3%
8	Utah	89.2%
26	Vermont	64.9%
27	Virginia	64.8%
10	Washington	87.5%
42	West Virginia	44.4%
41	Wisconsin	45.4%
49	Wyoming	0%

Notes: Data as of December 31, 2004.

The data shown here are unduplicated figures that include enrollees receiving comprehensive and limited benefits. Figures also include individuals enrolled in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards.

Sources: Medicaid Managed Care Penetration Rates by State as of December 31, 2004, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, retrieved June 2005. Available at <http://www.cms.hhs.gov/medicaid/managedcare/mmcpr04.pdf>

Table 3
Medicaid Enrollment in Managed Care by Plan Type,
as of June 30, 2004

	HIO	Commercial MCO	Medicaid-only MCO	PCCM	PIHP	PAHP	PACE	Other
United States	1.4%	27.0%	21.8%	16.4%	22.2%	10.6%	0%	0.6%
Alabama	0%	0%	0%	0%	96.2%	0%	0%	3.8%
Alaska	NA	NA	NA	NA	NA	NA	NA	NA
Arizona	0%	0%	91.4%	0%	8.6%	0%	0%	0%
Arkansas	0%	0%	0%	46.2%	0%	53.8%	0%	0%
California	14.8%	76.5%	0%	0%	0%	8.6%	0%	0.1%
Colorado	0%	0%	11.4%	11.6%	76.9%	0%	0.2%	0%
Connecticut	0%	70.5%	25.3%	0%	0%	0%	0%	4.3%
Delaware	0%	0%	100.0%	0%	0%	0%	0%	0%
District of Columbia	0%	0%	96.5%	0%	3.5%	0%	0%	0%
Florida	0%	32.1%	12.2%	43.1%	6.0%	5.6%	0%	1.1%
Georgia	0%	0%	0%	39.7%	0.1%	60.2%	0%	0%
Hawaii	0%	66.5%	32.2%	0%	0.4%	0%	0%	0.9%
Idaho	0%	0%	0%	100.0%	0%	0%	0%	0%
Illinois	0%	50.5%	49.5%	0%	0%	0%	0%	0%
Indiana	0%	0%	47.4%	52.6%	0%	0%	0%	0%
Iowa	0%	12.9%	0%	24.4%	62.6%	0%	0%	0%
Kansas	0%	0%	41.7%	58.2%	0%	0%	0.1%	0%
Kentucky	0%	0%	12.1%	30.9%	0%	57.0%	0%	0%
Louisiana	0%	0%	0%	100.0%	0%	0%	0%	0%
Maine	0%	0%	0%	100.0%	0%	0%	0%	0%
Maryland	0%	0%	100.0%	0%	0%	0%	0%	0%
Massachusetts	0%	10.9%	19.7%	33.5%	35.8%	0%	0.1%	0%
Michigan	0%	19.5%	22.0%	0%	58.6%	0%	0%	0%
Minnesota	0%	92.8%	6.9%	0%	0%	0%	0%	0.3%
Mississippi	0%	0%	0%	0%	0%	100.0%	0%	0%
Missouri	0%	27.1%	72.9%	0%	0%	0%	0%	0%
Montana	0%	0%	0%	100.0%	0%	0%	0%	0%
Nebraska	0%	14.3%	0%	17.2%	0%	0%	0%	68.5%
Nevada	0%	100.0%	0%	0%	0%	0%	0%	0%
New Hampshire	NA	NA	NA	NA	NA	NA	NA	NA
New Jersey	0%	34.4%	65.6%	0%	0%	0%	0%	0%
New Mexico	0%	99.9%	0%	0%	0%	0%	0.1%	0%
New York	0%	32.3%	65.6%	0.9%	0.4%	0.3%	0.1%	0.5%
North Carolina	0%	1.7%	0%	98.3%	0%	0%	0%	0%
North Dakota	0%	2.4%	0%	97.6%	0%	0%	0%	0%
Ohio	0%	31.0%	68.9%	0%	0%	0%	0.1%	0%

Oklahoma	0%	0%	0%	1.6%	0%	98.4%	0%	0%
Oregon	0%	2.8%	27.0%	1.3%	33.7%	35.1%	0.1%	0%
Pennsylvania	0%	10.2%	39.0%	6.1%	44.8%	0%	0%	0%
Rhode Island	0%	100.0%	0%	0%	0%	0%	0%	0%
South Carolina	0%	0%	75.9%	0%	0%	23.6%	0.5%	0%
South Dakota	0%	0%	0%	43.7%	0%	56.3%	0%	0%
Tennessee	0%	33.0%	17.0%	0%	50.0%	0%	0%	0%
Texas	0%	32.8%	22.2%	24.7%	20.3%	0%	0.1%	0%
Utah	0%	0%	0%	10.3%	54.4%	35.3%	0%	0%
Vermont	0%	0%	0%	100.0%	0%	0%	0%	0%
Virginia	0%	57.9%	19.6%	22.5%	0%	0%	0%	0%
Washington	0%	25.4%	2.9%	0.2%	63.9%	7.7%	0%	0%
West Virginia	0%	59.4%	0%	40.6%	0%	0%	0%	0%
Wisconsin	0%	65.3%	32.1%	0%	2.5%	0%	0.1%	0%
Wyoming	NA	NA	NA	NA	NA	NA	NA	NA

Notes: Data as of June 30 2004.

U.S. total includes territories. Totals may not sum to 100% due to rounding.

The data shown here are duplicated figures that include enrollees receiving comprehensive and limited benefits. Total number of enrollees includes those who were enrolled in more than one managed care plan. Figures also include individuals enrolled in state health care reform programs that expand eligibility beyond traditional Medicaid eligibility standards.

Definitions:

NA: Not Applicable. For these states, there are no enrollees in Medicaid managed care.

HIO: 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.

Commercial MCO: A Commercial Managed Care Organization is a health maintenance organization, an eligible organization with a contract under §1876 or a Medicare+Choice organization, a provider sponsored organization or any other private or public organization, which meets the requirements of §1902(w). A Commercial MCO provides comprehensive services to both Medicaid and commercial and/or Medicare.

Medicaid-only MCO: A Medicaid-only Managed Care Organization provides comprehensive services to only Medicaid beneficiaries, not to commercial or Medicare enrollees.

PCCM: A Primary Care 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."

PIHP: A Prepaid Inpatient Health Plan is a prepaid inpatient health plan that provides less than comprehensive services on an at-risk or other than state plan reimbursement basis; and provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services. There are several types of PIHPs that States use to deliver a range of services. For example, a Mental Health (MH) PIHP is a managed care entity that provides only mental health services.

PAHP: A Prepaid Ambulatory Health Plan is a prepaid ambulatory health 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 the provision of any inpatient hospital or institutional services. There are several types of PAHPs that States use to deliver a range of services. For example, a Dental PAHP is a managed care entity that provides only dental services.

PACE: The Program for All-inclusive Care provides pre-paid, capitated comprehensive, health care services to the frail elderly.

Other: When the structure of the managed care plan is not considered a PCCM, PIHP, PAHP, Commercial MCO, Medicaid-only MCO, HIO, or PACE.

Sources: Number of Managed Care Entity Enrollee by State as of June 30, 2004, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services, retrieved June 2005. Available at <http://www.cms.hhs.gov/medicaid/managedcare/mmcpr04.pdf>

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