

**MEDICAID ENROLLMENT IN 21 STATES
JUNE 1997 TO JUNE 1999**

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Executive Summary

Medicaid—the principal source of health coverage for the low-income population—experienced declines in enrollment beginning in 1995 and continuing through 1997 that contributed to America’s growing uninsured population. Recent federal and state policy efforts have been aimed at improving coverage through Medicaid and the newly implemented Children’s Health Insurance Program (CHIP). States have initiated new approaches to reaching eligible children, using outreach and streamlined enrollment procedures and both the federal and state governments have focused attention on fixing gaps in Medicaid enrollment that resulted in families losing coverage following welfare reform.

As states struggle to find ways to improve health coverage of the low-income population, it is important to obtain early indicators that will help monitor progress and identify where the most positive results are found. With Medicaid as the major source of health coverage for the low-income population and the CHIP program extending coverage to additional uninsured children, looking at what difference these programs are making is essential. However, little national data is available without a multi-year lag hampering policymakers ability to assess the impact of these policy and procedural changes on Medicaid enrollment. This study draws on states own data to try to provide a more current update by taking a snapshot of monthly Medicaid enrollment using states own tracking reports.

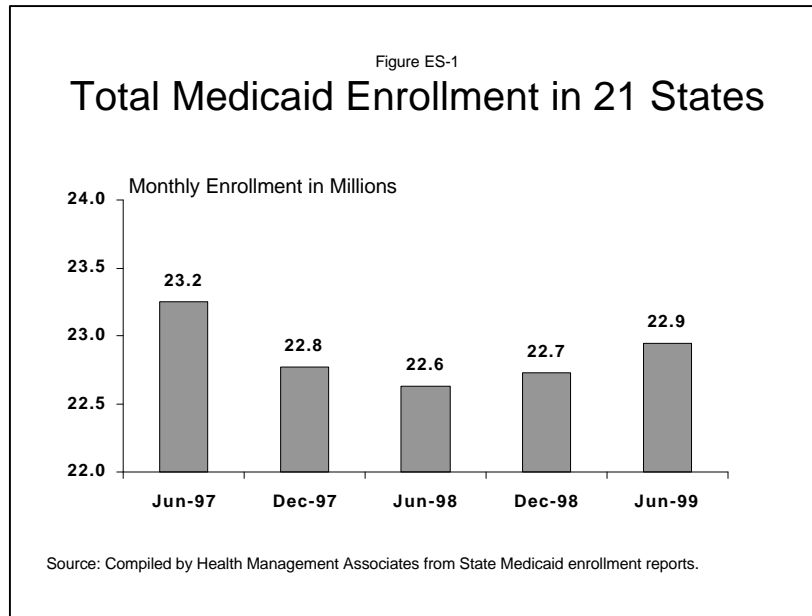
Study Approach

This pilot study has sought to obtain and aggregate recent data on Medicaid enrollment directly from individual states. This analysis is based on internal state monthly Medicaid enrollment reports provided by 21 states for the months of June 1997; December 1997; June 1998; December 1998; and June 1999. The states covered in this report are Arkansas, California, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Massachusetts, Michigan, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Tennessee, Texas, Utah, and Wisconsin. These states include the twelve with the largest Medicaid enrollments in 1997, plus nine others selected to include states with smaller enrollments and to provide broader geographic representation. Altogether, these 21 states represented 73% of total Medicaid enrollment in the United States during 1997.

A key advantage of using states’ internal enrollment reports is that the reports are usually available a few weeks or months after the close of each month. However, the state reports used in this study show the number of persons enrolled in a specific month, but generally do not reflect retroactive eligibility determinations or unduplicated annual estimates. These reports differ from national enrollment reports prepared by HCFA that show the unduplicated count of persons who were on Medicaid for one or more months during a year. Because state reporting formats and eligibility categories vary, enrollment in specific eligibility groups could only be aggregated for a subset of the 21 states. The Medicaid enrollment numbers include children enrolled in regular Medicaid, as well as those enrolled in Medicaid as part of a CHIP-expansion.

Total Medicaid Enrollment in 21 States, June 1997 Compared to June 1999

Total monthly enrollment in the Medicaid program fell from June 1997 to June 1998, but then turned upward between June 1998 and June 1999. Despite this recent upswing, enrollment in these 21 states as of June 1999 are still below June 1997 levels (Figure ES-1). Enrollment patterns over this two-year period differed substantially by point of time and by state.



As shown in Table ES-1 on the following page, aggregate Medicaid enrollment declined in these 21 states by 1.3% from June 1997 to June 1999, dropping from a high of 23.2 million in 1997 to 22.9 million in 1999.

- **June 1997 compared to June 1998:** Medicaid enrollment declined in these 21 states by nearly 620,000 individuals, or roughly 2.7%, with only Arkansas, Massachusetts, and Oklahoma posting enrollment gains.
- **June 1998 compared to June 1999:** Aggregate enrollment actually increased by 1.4%, or nearly 320,000 people. Over half (12) of the states saw enrollments in the month of June rise from 1998 to 1999— Arkansas, California, Florida, Georgia, Illinois, Indiana, Kansas, Massachusetts, New Mexico, North Carolina, Oklahoma, and Tennessee. Indiana led the states with a Medicaid enrollment increase of nearly 23% during this period. In the remaining 10 states, enrollments continued to fall – Iowa, Michigan, New Jersey, New York, Ohio, Pennsylvania, Texas, Utah, and Wisconsin.

Table ES-1

**Total Medicaid Enrollment in 21 States
June 1997 to June 1999**

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Arkansas	298	321	353	370	384	86.0	18.5%	8.7%	28.9%
California	5,179	4,969	4,981	4,988	5,065	-114.1	-3.8%	1.7%	-2.2%
Florida	1,455	1,460	1,418	1,465	1,521	66.3	-2.5%	7.3%	4.6%
Georgia	947	941	926	942	927	-19.2	-2.2%	0.2%	-2.0%
Illinois	1,305	1,290	1,244	1,234	1,246	-58.7	-4.7%	0.2%	-4.5%
Indiana	491	495	448	500	550	59.0	-8.7%	22.7%	12.0%
Iowa	214	211	206	201	200	-13.4	-3.6%	-2.8%	-6.3%
Kansas	183	176	169	168	179	-4.6	-7.9%	5.9%	-2.5%
Massachusetts	672	746	823	859	890	217.9	22.5%	8.1%	32.4%
Michigan	1,116	1,107	1,106	1,066	1,073	-42.9	-0.8%	-3.0%	-3.8%
New Jersey	694	670	671	676	660	-33.8	-3.2%	-1.7%	-4.9%
New Mexico	255	247	253	268	285	29.4	-1.0%	12.6%	11.5%
New York	2,919	2,859	2,806	2,747	2,728	-191.2	-3.9%	-2.8%	-6.6%
North Carolina	829	822	815	815	828	0.0	-1.6%	1.6%	0.0%
Ohio	1,108	1,061	1,067	1,063	1,046	-62.2	-3.7%	-2.0%	-5.6%
Oklahoma	283	291	310	319	355	72.7	9.9%	14.4%	25.7%
Pennsylvania	1,475	1,449	1,430	1,406	1,409	-66.1	-3.0%	-1.5%	-4.5%
Tennessee	1,324	1,231	1,262	1,289	1,307	-17.4	-4.7%	3.5%	-1.3%
Texas	1,944	1,893	1,803	1,825	1,777	-167.2	-7.2%	-1.5%	-8.6%
Utah	122	119	120	118	119	-2.8	-1.4%	-0.9%	-2.3%
Wisconsin	435	413	414	409	395	-40.1	-5.0%	-4.5%	-9.2%
21 States	23,247	22,771	22,628	22,727	22,944	-302.5	-2.7%	1.4%	-1.3%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

Enrollment Patterns Differ Considerably Across States

Enrollment patterns varied substantially across the states examined. The following illustrates the diversity of enrollment changes in several individual states over the study period:

- In three of the 21 study states (Arkansas, Massachusetts and Oklahoma) Medicaid enrollment increased over the two years by more than 20%. Arkansas implemented the ARKids First program during this time, as well as a family planning waiver (limited Medicaid benefits) for women who have recently lost Medicaid eligibility. In Massachusetts, the implementation of the Mass Health program, under an 1115 waiver, expanded eligibility for both working adults and children. Oklahoma implemented an eligibility expansion and a major outreach initiative to find and enroll eligible children.
- From June 1998 to June 1999, Indiana's Medicaid enrollment increased by nearly 23%. During this year Indiana expanded eligibility for families, streamlined their enrollment procedures, and embarked on a major outreach campaign. The result was an annual increase in enrollment of over 100,000 individuals.

- In the three largest states, enrollment trends differed. California posted an enrollment decline of 3.8% from June 1997 to June 1998, but an increase of 1.7% (84,000 individuals) for June 1998 to June 1999. In New York and Texas, Medicaid enrollment declined in the year ending in June 1998 and again in the year ending June 1999. Over the two-year period, Medicaid enrollment in New York fell by 191,200 (a 7% decrease) and in Texas by 167,200 (a 9% decrease).

The Impact of Medicaid-CHIP Expansions on Overall Medicaid Enrollment

When Congress enacted the Children's Health Insurance Program (Title XXI) in 1997, states had the choice of implementing a program that either expanded their Medicaid program (Title XIX), creating a separate CHIP program, or both. Of the 21 states in this study, 14 implemented a Medicaid-expansion CHIP program by June 1999. Of these, 5 expanded Medicaid and also created a separate CHIP program. The remaining 6 states only implemented separate CHIP programs.

In this report, we are trying to assess the impact on total Medicaid enrollment of CHIP expansions through the Medicaid program, as distinct from additional children covered through separate CHIP programs, but not enrolled in Medicaid. For the months of December 1998 and June 1999, we obtained separate data on State CHIP enrollment. These data included changes in both Title XXI Medicaid expansion CHIP enrollment as well as changes in separate, state-operated CHIP program enrollment.

As shown in Figure ES-2, for the 21 states in this pilot study, total Medicaid enrollment increased by 216,874 individuals from December 1998 to June 1999. Increases in Medicaid expansion CHIP enrollment represented 28% of the total aggregate increase in Medicaid enrollment from December 1998 to June 1999 (61,695 out of 216,874). Enrollment in Medicaid (Title XIX) increased by 155,170 over this 6 month period, comprising 72% of the overall increase. In the six states that implemented only separate CHIP programs, four states saw Medicaid enrollment rise (Kansas, North Carolina, Pennsylvania and Utah), while Medicaid enrollment fell in Georgia and New York. Enrollment in separate CHIP programs, including the six states with only separate programs and the five states with combination programs, increased by 293,502 during this period. These enrollment numbers provide an early measure of the relationship between Medicaid and CHIP. The implementation of CHIP programs appears to be contributing to a related enrollment increase in the Medicaid program.

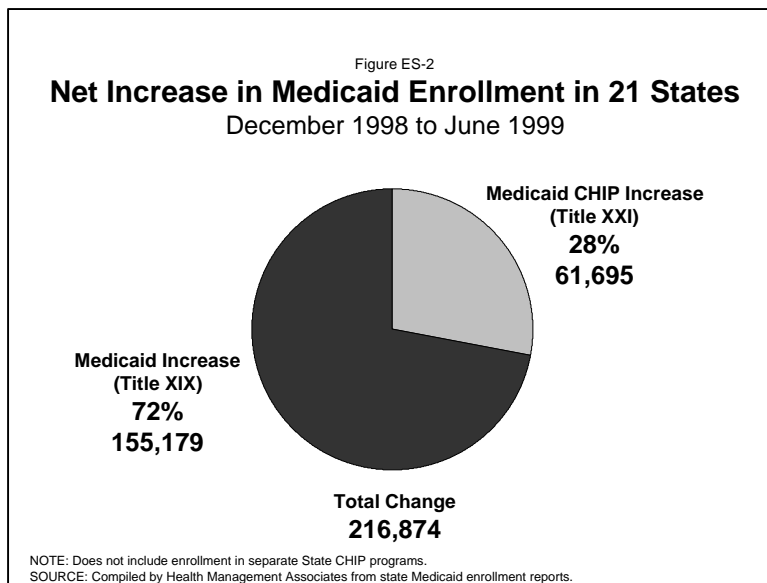


Table ES-2

**The Impact of Medicaid-Expansion CHIP Enrollment on
Aggregate Medicaid Enrollment in 21 States**

December 1998 to June 1999

State	Change in Medicaid Enrollment (Title XIX Only)	Change in Medicaid Expansion CHIP Enrollment (Title XXI Only)	Change in Total Medicaid Enrollment (XIX & XXI Combined)	Change in Separate CHIP Program Enrollment (Title XXI Only)
<i>Study States with CHIP Medicaid Expansion Programs</i>				
Akansas	13,067	371	13,438	NA
California	74,881	1,563	76,444	77,239
Florida	53,195	3,071	56,266	41,744
Illinois	672	11,709	12,381	NA
Indiana	45,500	3,927	49,427	NA
Iowa	-3,063	2,248	-815	NA
Massachusetts	20,302	10,947	31,249	5,008
Michigan	4,422	2,116	6,538	4,936
New Jersey	-27,603	11,648	-15,955	1,747
New Mexico	16,124	868	16,992	NA
Ohio	-20,254	3,120	-17,134	NA
Oklahoma	29,452	7,000	36,452	NA
Tennessee	17,815	*	17,815	NA
Texas	-47,795	-293	-48,088	NA
Wisconsin	-16,739	3,400	-13,339	NA
<i>Subtotal</i>	<i>159,976</i>	<i>61,695</i>	<i>221,671</i>	<i>130,674</i>
<i>Study States with Separate CHIP Programs Only</i>				
Georgia	-15,048		-15,048	31,085
Kansas	10,905		10,905	11,024
New York	-19,001		-19,001	81,590
North Carolina	13,814		13,814	25,887
Pennsylvania	2,965		2,965	10,622
Utah	1,568		1,568	2,620
<i>Subtotal</i>	<i>-4,797</i>		<i>-4,797</i>	<i>162,828</i>
Total	155,179	61,695	216,874	293,502

Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

* Tennessee had not begun its CHIP program as of June 1999.

Medicaid Enrollment Changes by Eligibility Group

In addition to total Medicaid enrollment, we wanted to examine changes in specific eligibility categories, such as low-income families, the elderly and the disabled. In contrast to the enrollment data reported to HCFA on an annual basis, states do not use consistent eligibility categories in their internal monthly reports. Because of the substantial variation in state reports, it was not always possible to determine enrollment in a specific eligibility category across all 21 states. As a result, the number of states for which we have more specific data varies.

TANF-Related Medicaid Enrollment

Families receiving cash assistance through the Temporary Assistance for Needy Families (TANF) are eligible for Medicaid coverage. The implementation of welfare reform has resulted in a steep decline in the number of individuals receiving TANF and also a decline in the number of Medicaid enrollees receiving cash assistance. Ten states (AR, FL, GA, IL, KS, MI, NJ, NY, PA, TX) identified the number of Medicaid enrollees also receiving cash assistance from TANF. In these states, TANF-related Medicaid enrollment decreased by over 30% from June 1997 to June 1999, a decline of 1.3 million individuals. The decrease was 14.7% from June 1997 to June 1998, and a further decrease of 19% from June 1998 to June 1999.

Eight of the ten states had two-year declines in excess of 32%. The two largest states for which data were provided, New York and Texas, had two-year decreases of 21.4% and 34.5% respectively.

Enrollment of Families, Children, and Pregnant Women

Medicaid provides coverage to families who are eligible for cash-assistance (“TANF-related” enrollment), but also to higher-income children, pregnant women, and parents who are not receiving welfare. These “Medicaid-only” enrollees are eligible for Medicaid through poverty-related and other categories of coverage, rather than receipt of cash-assistance. This broad grouping of families, children, and pregnant women on Medicaid combines TANF-related cash assistance and those in corresponding Medicaid-only categories.

Changes in this group reflect the net effect of decreases in welfare-related Medicaid enrollment and the offsetting increases in Medicaid-only enrollment. In the 14 states (CA, FL, IL, IN, KS, MA, MI, NJ, NY, OH, OK, TX, UT, WI) for which data could be aggregated, enrollment in all family, children and pregnant women categories declined from 12.6 million in June of 1997 to 12.1 million in June of 1998. By June of 1999, however, enrollment had increased slightly to 12.2 million. This resulted in a decrease of 3.2% over the two-year study period in the 14 states providing data.

The change in enrollment of families, children and pregnant women varied widely across the 14 states, from a two-year increase of 48.2% (203,800 individuals) in Massachusetts to a decline of 12.6% (179,900 individuals) in Texas. From June 1997 to June 1998 only two states, Massachusetts and Oklahoma, posted enrollment increases. In the next year, enrollment increases were posted in six states, California (1.7%), Florida (10.6%), Indiana (31.8%), Kansas (7.3%), Massachusetts (11.4%), and Oklahoma (21.6%).

Enrollment of the Aged and Disabled

Nine states (CA, IL, IN, MA, MI, NJ, NY, OH, TX) reported separate data for the aged and disabled eligibility groups. Relative to the families, children and pregnant women group, changes in enrollment for the aged and disabled groups were considerably smaller.

In these nine states, the number of aged Medicaid enrollees increased by 0.3% from June 1997 to June 1999. Aged enrollees grew in four states and decreased in five states. The greatest increase was 2% in Michigan and the greatest decrease was 1.7% in Illinois and New Jersey.

Enrollment of the disabled increased by 2.3% over the two-year study period, representing an increase of about 60,000 enrollees in these nine states. Only three states reported declines (Illinois, Indiana, and Ohio) and six states reported increases from June 1997 to June 1999.

Medicaid Enrollees With and Without Cash Assistance

From June 1997 to June 1999, the ratio of cash assistance enrollees (TANF for low-income families and SSI for the aged and disabled) to total Medicaid enrollees declined from 54% to 44% for the nine states (AR, GA, IL, KS, MI, NJ, NY, PA, WI) for which these data were available. As of June 1999, the portion of total Medicaid enrollees receiving cash assistance ranged from 60% in Wisconsin to 31% in Illinois.

In these nine states, the number of Medicaid enrollees receiving cash assistance declined from 5.1 million to 4.0 million from June 1997 to June 1999, a 1.1 million decline. While enrollment in Medicaid-only categories increased by 720,066 for the same period, this growth did not completely offset the decline in enrollees from the cash-assistance population.

Conclusions

The goal of this pilot study was to try to use the enrollment reports that states have developed for their own internal tracking of Medicaid enrollment to identify key trends occurring across state Medicaid programs. Conclusions from this study are drawn from the trends observed in the 21 states providing data on Medicaid enrollment.

Data from the state monthly enrollment reports provide the most recent information available on the direction of Medicaid enrollment. Although total Medicaid enrollment in these 21 states declined from June 1997 to June 1998, the most recent comparison of June 1998 to June 1999 shows enrollment increased by 1.4%. Moreover, these enrollment increases were widespread across the states, with twelve states showing increases for this most recent year compared to the same month last year. In the twelve states with increases, an additional 534,500 individuals were enrolled in Medicaid in June 1998 compared to June 1999. Despite these positive findings, enrollment continued to decline in 9 of the study states, dampening the magnitude of the overall increase across all 21 states to 316,300 additional Medicaid enrollees in June 1999 compared to June 1998. In addition, in these 21 states total Medicaid enrollment in June of 1999 continued to be lower than June of 1997.

The implementation of CHIP has clearly had an impact on Medicaid enrollment. In these 21 states, Medicaid enrollment increased by 216,874 from December 1998 to June 1999. Of this increase, 72% (155,179) was in the regular Medicaid program and 28% (61,695) was enrollment in Medicaid-expansion CHIP programs. However, in many states, Medicaid enrollment continues to fall, despite increases in CHIP enrollment.

The continued transition of Medicaid from a program primarily serving individuals receiving cash assistance to a program providing health coverage to low-income families, disabled and elderly people is apparent. With enrollees receiving cash assistance now composing less than half of total Medicaid enrollees in many states, states are adopting eligibility criteria and enrollment procedures to reach low-income families who may not come into contact with the welfare system. However, the continued steep decline in the number of families receiving both TANF and Medicaid has

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not been completely offset by an increase in coverage through other eligibility categories. To the extent that families leaving welfare are eligible, but not enrolled in Medicaid, this decline is a continuing area of concern. The recent HCFA guidance and the continued state efforts that are already underway are likely to help stem declines resulting from loss of welfare, but more needs to be done to increase Medicaid enrollment by making the program more “health insurance” oriented and consumer friendly.

A number of states have embarked on innovative and aggressive campaigns to reach out and enroll more low-income uninsured families in Medicaid and CHIP. Despite the intensity of these efforts, current data to document the success of these activities are often not readily available. Given the important role that Medicaid plays in providing health coverage to the low-income population, it is critical to obtain timely and useful data on program enrollment at the state and federal level. This study has shown that using state internal monthly reports is a useful vehicle to provide a snapshot of changes in Medicaid enrollment.

The state reports provide more current data on Medicaid enrollment than is available nationally. However, the absence of uniform eligibility groups limits the overall utility of these reports. In particular, because states do not use common definitions or reporting categories for specific eligibility groups, it is often not possible to aggregate this data across states to obtain a national picture. In many cases, the categories that states use have grown up over time as different groups have been extended Medicaid coverage. It is time to rethink what categories would be useful from a policy and programmatic view. Timely reporting of enrollment data in a basic set of eligibility categories is essential to enabling policymakers and others to identify emerging trends in Medicaid’s coverage of the low-income population.

I. Introduction

Medicaid is the largest provider of health coverage in the United States. In 1997, the latest year for which reliable national data are currently available, it covered 40.6 million people, or one in seven Americans and one in five children. Financed jointly by federal and state governments, Medicaid is administered at the state level, with the federal government providing oversight and guidance. The diffuse nature of the program poses a range of challenges for policy makers and analysts seeking to follow Medicaid trends and program changes. Indeed, it creates particular problems for those who wish to follow national shifts in the number of persons enrolled in the program in a timely way.

After growing steadily throughout the early 1990s, Medicaid enrollment has dropped since 1995. Continuing declines through 1997 have resulted in the loss of Medicaid for 1.1 million parents and children over this period. Analysts point to the decline in Medicaid coverage as one of the major factors contributing the rise in the number of uninsured.¹ Medicaid coverage has fallen the most steeply among enrollees who also received welfare, an “unintended consequence” resulting from welfare and Medicaid policies and procedures that were not coordinated, particularly at the state and local level, following welfare reform.² The Health Care Financing Administration (HCFA) and the states are working to address these gaps in coverage for families leaving welfare.

To stem the rise in uninsurance among children, Congress enacted the Children’s Health Insurance Program in 1997. CHIP has provided an opportunity for states to expand coverage of children through their Medicaid or separate CHIP programs. Estimates that two thirds of uninsured children are eligible for Medicaid or CHIP, but are not enrolled, have led to unprecedented attention to reaching out and enrolling children in these programs, as well as new efforts to expand eligibility and streamline enrollment practices.

Given the continued rise in the number of uninsured, and the significant role that Medicaid plays in covering low-income people, it is important to assess whether these efforts to reverse the Medicaid decline are making a difference. The ongoing public and political debate on the pace of enrollment in the face of coverage expansions and welfare reform has added to the need to have current information about changes in Medicaid enrollment. Policy analysts and policy makers have been hindered by a lack of national data indicating whether the decline in Medicaid enrollment observed through 1997 has continued into more recent years. This pilot study attempts to identify Medicaid enrollment trends on a more timely basis by looking directly at state monthly reports on Medicaid and CHIP enrollment.

Background

Medicaid enrollment grew steadily throughout the early 1990s. According to estimates prepared by the Urban Institute, the number of persons enrolled for one or more months during the year in the 50 states and District of Columbia increased from 28.9 million in 1990

¹ Fronstin, Paul, “Sources of Health Insurance and Characteristics of the Uninsured: Analysis of the March 1998 Current Population Survey,” *EBRI Issue Brief*, December 1998.

² Ku, Leighton and Bowen Garrett, “How Welfare Reform and Economic Factors Affected Medicaid Participation: 1984-96,” *Discussion Papers, Assessing the New Federalism*, February 2000.

to a historical high of 41.7 million in 1995. Annual rates of increase averaged 11.3% in the 1990-1992 period and 5.2% in the 1992-1995 period. Congressional assurances that the de-linking of Medicaid and welfare would not diminish enrollment, together with the continued phase-in of eligibility expansions for children, created an expectation among many that the number of persons enrolled in Medicaid would continue to increase. However, in 1996 Medicaid enrollment began to decline for the first time since the 1980s. The number enrolled dropped 0.9% to 41.3 million in 1996, and dropped by 1.8% to 40.6 million in 1997.³

With over 1.1 million fewer persons on Medicaid in 1997 than in 1995, an important public policy question arose as to why the number enrolled would be dropping, since the welfare reform statute specifically protected Medicaid eligibility. Several recent studies have examined the reasons for the decline in Medicaid enrollment and have identified several primary factors, including the impact of welfare reform policies, gaps in Medicaid eligibility and enrollment systems, and high employment rates.⁴

Welfare reform severed the automatic eligibility link to Medicaid for families enrolled in Temporary Assistance for Needy Families (TANF). Medicaid eligibility for TANF-related enrollees is now based on Section 1931 of the welfare legislation. States have considerable flexibility in setting eligibility levels to assure coverage of low-income families. Although most states have policies in place to assure that TANF recipients are still automatically eligible for Medicaid, enrollment of eligible families has not always been realized.⁵

In addition, several Medicaid eligibility categories are available to cover people who are not receiving cash assistance, including poverty-related, medically needy, and transitional Medicaid categories. Poverty-related categories have been increasingly used since the mid-1980s to increase income eligibility limits for pregnant women and children. Under federal law, pregnant women and children up to age 5 under 133 percent of the federal poverty level and children age up to age 16 are eligible for Medicaid. Many states have set income eligibility thresholds above these federal requirements. Children in families leaving welfare are typically eligible for Medicaid through a poverty-related category.

Transitional Medical Assistance (TMA) extends Medicaid for people leaving welfare. Families leaving public assistance due to increased work earnings are entitled to TMA for six months, and benefits are extended for an additional six months for families whose income remains below 185% of the Federal Poverty Level (FPL). In some cases, however, states may have failed to redetermine Medicaid eligibility for families leaving welfare.⁶ Families may also lose their Medicaid coverage as they lose contact with the welfare office. One national study found that six months after leaving welfare, only 52% of adults and 55% of

³ Brian Bruen and John Holahan, *Slow Growth in Medicaid Spending Continues in 1997*, Kaiser Commission on Medicaid and the Uninsured, November 1999.

⁴ *The Dynamics of Current Medicaid Enrollment Changes*. Kaiser Commission on Medicaid and the Uninsured, October 1998.

⁵ Ellwood, Marilyn and Leighton Ku. "Welfare and Immigration Reforms: Unintended Side Effects for Medicaid," *Health Affairs*, 17 (3):137-51.

⁶ Ellwood, Marilyn. *The Medicaid Eligibility Maze: Coverage Expands, But Enrollment Problems Persist*, Kaiser Commission on Medicaid and the Uninsured, September 1999.

children had Medicaid coverage, although a majority of these families remained eligible for TMA.⁷

In addition, states are implementing diversion programs to avoid enrolling families in welfare programs in favor of directing them towards work. States may “divert” families either formally (by offering one-time cash payments or requiring a job search) or informally (by making the application process burdensome with many requirements). Families who do not complete an application for welfare often then fail to enroll in other programs, such as Medicaid. In 1998, 31 states had at least one type of diversion program in place.⁸

Evidence from several studies showed that despite welfare and Medicaid policies designed to assure Medicaid coverage for families leaving or being diverted from welfare, eligible families were often not receiving Medicaid coverage. In response to these procedural problems and the continuing Medicaid enrollment declines, the Health Care Financing Administration (HCFA) began auditing state Medicaid enrollment procedures to determine if and how welfare reform policies might be affecting Medicaid. These audits have now been completed and are likely to help states identify and correct problems in assuring Medicaid coverage for people who are leaving welfare. HCFA has just released guidance to the states on preserving and restoring Medicaid eligibility for families leaving welfare.⁹

Interest in the number of persons enrolled in Medicaid has also been heightened by the continued eligibility expansions for older children, as well as broader state efforts to cover children and adults at higher income levels, and by the enactment of State Child Health Insurance Programs (CHIP) under Title XXI of the Social Security Act under the Balanced Budget Act of 1997. CHIP is intended to cover uninsured children with incomes too high to qualify for Medicaid through a block grant to states. States could decide to implement their CHIP programs by expanding their current Medicaid program, creating a separate program or a combination approach. All states now have CHIP programs in place and many states have aggressively developed initiatives to specifically target and find eligible children and get them enrolled. CHIP enrollment data released by HCFA shows 2 million children have been enrolled in CHIP programs as of September 30, 1999.

With enrollment of children a national priority, many states have taken significant steps to reduce barriers in the Medicaid and CHIP enrollment processes for children. Estimates indicate that two thirds of uninsured children are eligible for Medicaid or CHIP, but are not enrolled.¹⁰ Of these uninsured children, 38% appear eligible for Medicaid and 24% for CHIP. A recent study has identified the importance of hurdles in the enrollment as a major impediment to reaching eligible families.¹¹ Parents of low-income children want to be able to

⁷ Bowen Garrett and John Holahan. “Health Insurance Coverage After Welfare.” *Health Affairs*. Vol. 19 (1): 175-184, January/February 2000.

⁸ Kathleen Maloy, LaDonna Pavetti, Peter Shin, Julie Darnell, and Lea Scarpulla-Nolan. *A Description and Assessment of State Approaches to Diversion Programs and Activities Under Welfare Reform*, Center for Health Policy Research, Washington DC, August 1998.

⁹ Health Care Financing Administration, “Dear State Medicaid Director Letter,” April 7, 2000.

¹⁰ Urban Institute estimates, prepared for the Kaiser Commission on Medicaid and the Uninsured, February 2000.

¹¹ Kaiser Commission on Medicaid and the Uninsured, *Medicaid and Children: Overcoming Barriers to Enrollment, Findings from a National Survey*, Michael Perry, Susan Kannel, Robert Valdez, and Christina Chang, Washington DC, January 2000.

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enroll in Medicaid by telephone or mail, have shorter application forms, fewer documentation requirements, and more accessible enrollment sites. Many states are in the process of implementing these ideas in their CHIP and Medicaid programs for children.

With welfare reform and coverage expansions pushing enrollment in potentially opposite directions, interest has also increased in whether decreases in certain Medicaid eligibility categories related to cash assistance have been offset by increases in other “Medicaid-only” categories. An Urban Institute analysis of enrollment trends through 1997 shows significant variation in changes among eligibility categories. For example, the largest percentage decreases in Medicaid enrollment from 1995 to 1997 were among adults and children on cash assistance (annual rates of decrease of 12.9% for adults and 10.8% for children.) The largest annual rate of growth was 7.9% among Medicaid-only children.¹²

¹² Brian Bruen and John Holahan, *Slow Growth in Medicaid Spending Continues in 1997*, Kaiser Commission on Medicaid and the Uninsured, November 1999.

Study Approach

The purpose of this study was to identify recent trends in Medicaid and CHIP enrollment using data from individual state Medicaid and CHIP programs. The advantage of using data from individual state Medicaid programs is that such data are available much sooner than national data developed by the Health Care Financing Administration (HCFA). National Medicaid enrollment data are generally published by HCFA about 12 to 15 months after the close of each federal fiscal year. This means, for example, that data for the fiscal year from October 1996 through September 1997 were not available until December 1998. On the other hand, most states prepare enrollment reports each month for the previous month.

States were selected based on the following criteria: First, the 12 states with the largest number of persons enrolled were selected. Then additional states were added to obtain geographic balance, and to assure representation of states with smaller Medicaid enrollments. Altogether, data were obtained for this pilot study from 21 states.

As shown in Figure 1 below, the 12 states with the largest Medicaid enrollments include: California, Florida, Georgia, Illinois, Massachusetts, Michigan, New York, North Carolina, Ohio, Pennsylvania, Tennessee, and Texas. The additional states include: Arkansas, Indiana, Iowa, Kansas, New Jersey, New Mexico, Oklahoma, Utah, and Wisconsin.



The combined Medicaid enrollments in the 21 states in this study accounted for 73% of Medicaid enrollment in the 50 states and District of Columbia in 1997 (based on data from the HCFA-2082 Report). Because states report detail information about various eligibility categories in different ways, trends for eligibility groupings described in this report are based on data across states for which data are unambiguously identifiable from the state monthly

enrollment reports. Data from all twenty-one states were used for total Medicaid enrollment trends, but fewer states were included for each eligibility grouping.

For the period from June 1997 to June 1999, data on total Medicaid enrollment were obtained from 21 states. Reports were requested from each state for the last month of each calendar quarter from June 1997 to June 1999, for a total of nine reports. Most, but not all, states provided reports for those nine quarterly time periods. All 21 states provided reports for the months of June and December from June 1997 to June 1999. For this reason it was decided to use the June and December data so as to include all 21 states in the analysis. These data allow us to describe trends for the two one-year periods ending in June 1998 and June 1999.

There are several significant data challenges that must be addressed if state reports are to be used for this purpose. First, each state produces a report of its own design, so each report is unique in its format and content. Second, each state has defined its own coding system for eligibility categories, so the number and classification of eligibility groups is different for each state. Each state uses common eligibility definitions for the HCFA-2082 reports, but these categories are not reflected in most monthly state reports. Each of the 21 study states was able to provide total Medicaid enrollment data, but each reported individual enrollment categories somewhat differently, if at all. We found that all states were able to provide some detail below total Medicaid enrollment, but the number of categories ranged from 6 to 166. Not all states count children separately from adults, for example. Not all state reports count persons receiving cash welfare payments separately from those receiving only Medicaid coverage. The state reports also include children enrolled in Medicaid-expansion CHIP programs. Analysis was conducted to separate this count from Medicaid-eligible children for the period December 1998 and June 1999.

Medicaid eligibility is often retroactive, for up to 90 days from the date of application. A few states (e.g., New York) address this issue by holding the report until all retroactive eligibility is completed for that month. Other states estimate the monthly enrollment using a "completion factor" to adjust the initial actual count, and later report an updated actual number for the month. Most states simply report the count of the number of persons actually eligible at the end of the month, and do not go back to adjust the total for subsequent retroactive eligibility determinations. Thus, the counts of persons eligible for each month usually are not complete. However, to the extent the undercounting is consistent from month to month, the reports are a good indicator of at least the direction of enrollment change.

The reports of monthly enrollment used in this study measure a different statistic than that reported annually by HCFA. This study uses reports that show the number of persons enrolled in Medicaid for the indicated month. It is a point in time measure. HCFA annual reports show either the number of Medicaid "recipients" (i.e., the number of persons who actually received any service, as indicated by a payment to a provider for a service) or "enrollees" (the unduplicated number of persons who were enrolled for any length of time during the year). At the national level, there is no reporting by HCFA on the number of persons actually enrolled in a specific month.

Although enrollment categories were similar on many state reports, they were not always defined exactly the same across states. As a result, only aggregate Medicaid enrollment was compared across all twenty-one states. Where categories were roughly comparable, however, an attempt was made to examine aggregate and state level enrollment in a range of Medicaid eligibility groups. It is important to emphasize that because data were not

available across all study states for all eligibility categories, the trends indicated for each category should not be generalized beyond the sub-group of states examined.

In Section III of this report, trends are described for seven Medicaid eligibility groups. Table 1 below shows the number of states included in each category. Appendix A contains a more detailed explanation of the state-reported data represented by each category. These categories are overlapping in some cases. For example, the Medicaid-only group includes all poverty-related groups and Transitional Medical Assistance, as well as medically needy and spend-down categories. The families, children and pregnant women group includes both cash assistance and Medicaid-only groups.

For all of these reasons, care must be taken in interpreting the results based on monthly state reports, and comparing them with national statistics.¹³ In addition, there are seasonal trends in welfare and Medicaid enrollment in many states. Although December data are included in nearly every table, percent changes are calculated only for June to June changes. With these caveats in mind, this study was undertaken with the goal that it would provide data on a more timely basis on current shifts in Medicaid enrollment, and that this information would help inform the discussion on the future direction of Medicaid and the impact of recent policy changes.

Table 1

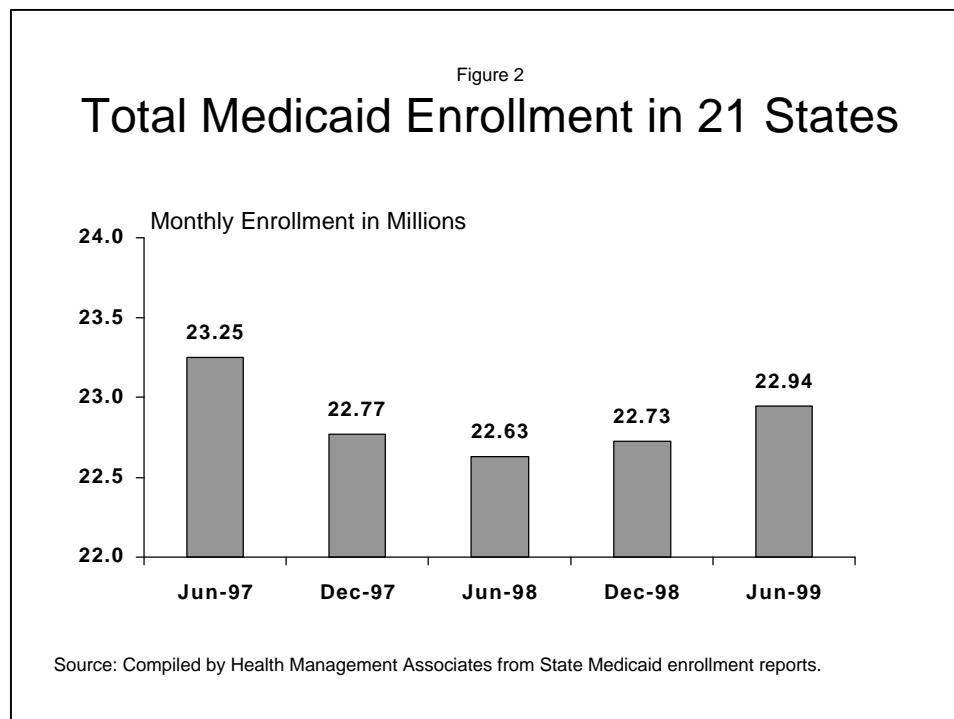
States Included in Each Category

State	Total Enrollees	Families, Children, & Pregnant Women	Cash- Related TANF	Poverty- Related Groups	Aged	Disabled	Cash- Related TANF & SSI Combined	Medicaid- Only
Arkansas	✓		✓				✓	✓
California	✓	✓			✓	✓		
Florida	✓	✓	✓	✓				
Georgia	✓		✓				✓	✓
Illinois	✓	✓	✓		✓	✓	✓	✓
Indiana	✓	✓		✓	✓	✓		
Iowa	✓			✓				
Kansas	✓	✓	✓				✓	✓
Massachusetts	✓	✓			✓	✓		
Michigan	✓	✓	✓	✓	✓	✓	✓	✓
New Jersey	✓	✓	✓	✓	✓	✓	✓	✓
New Mexico	✓			✓				
New York	✓	✓	✓		✓	✓	✓	✓
North Carolina	✓							
Ohio	✓	✓			✓	✓		
Oklahoma	✓	✓						
Pennsylvania	✓		✓				✓	✓
Tennessee	✓							
Texas	✓	✓	✓		✓	✓		
Utah	✓	✓						
Wisconsin	✓	✓		✓			✓	✓
Total Number	21	14	10	7	9	9	9	9

¹³ See Appendix A for a further discussion of data issues.

II. Trends in Total Medicaid Enrollment, 1997 to 1999

Data from this study indicate enrollment trends for five monthly points in time over the two-year period June 1997 to June 1999. The total number of enrollees in the Medicaid program declined from June 1997 to June 1998, but then turned upward with an overall increase of 320,000 in June 1999 compared to June 1998. During this most recent year, June 1998 to June 1999, twelve of the 21 states posted enrollment increases, led by Indiana with a 22.7% increase.



Over the two-year period from June 1997 to June 1999, total Medicaid enrollment decreased by 1.3%, or 302,450 individuals in the 21 states for which data were obtained for this study (see Table 2 on the next page). In the first year (June 1997 to June 1998), total Medicaid enrollment in these 21 states decreased by 2.7%, a decline of 618,736. Thus, the downward trend in total Medicaid enrollment observed in the national statistics for 1996 and 1997 continued into 1998 in the 21 states in this study.

As shown in Figure 2, a different picture emerges for the year from June 1998 to June 1999. Over this year total enrollment increased by 1.4%, or 316,286. In the aggregate across the 21 study states, Medicaid enrollment leveled during mid-1998, and then began to rise. The total number enrolled was greater by 1.4% in June 1999 than one year earlier in June 1998, an increase of 316,300 individuals. Most of this increase can be attributed to three states: California (95,600), Florida (103,300), and Indiana (101,600). However, twelve states saw enrollments rise during this year.

Table 2

**Total Medicaid Enrollment in 21 States
June 1997 to June 1999**

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Arkansas	297.9	321.2	353.1	370.5	383.9	86.0	18.5%	8.7%	28.9%
California	5,179.0	4,969.3	4,980.9	4,988.5	5,064.9	-114.1	-3.8%	1.7%	-2.2%
Florida	1,454.9	1,460.0	1,417.9	1,465.0	1,521.2	66.3	-2.5%	7.3%	4.6%
Georgia	946.6	941.4	926.0	942.5	927.4	-19.2	-2.2%	0.2%	-2.0%
Illinois	1,305.0	1,290.3	1,243.7	1,233.9	1,246.3	-58.7	-4.7%	0.2%	-4.5%
Indiana	490.8	495.1	448.2	500.4	549.8	59.0	-8.7%	22.7%	12.0%
Iowa	213.7	210.7	206.0	201.1	200.3	-13.4	-3.6%	-2.8%	-6.3%
Kansas	183.1	175.7	168.6	167.6	178.5	-4.6	-7.9%	5.9%	-2.5%
Massachusetts	672.4	746.2	823.4	859.0	890.3	217.9	22.5%	8.1%	32.4%
Michigan	1,115.9	1,107.5	1,106.5	1,066.4	1,073.0	-42.9	-0.8%	-3.0%	-3.8%
New Jersey	693.6	669.5	671.5	675.7	659.8	-33.8	-3.2%	-1.7%	-4.9%
New Mexico	255.3	246.8	252.8	267.7	284.7	29.4	-1.0%	12.6%	11.5%
New York	2,918.7	2,858.7	2,806.3	2,746.5	2,727.5	-191.2	-3.9%	-2.8%	-6.6%
North Carolina	828.5	822.0	815.4	814.7	828.5	0.0	-1.6%	1.6%	0.0%
Ohio	1,107.8	1,060.8	1,066.9	1,062.8	1,045.6	-62.2	-3.7%	-2.0%	-5.6%
Oklahoma	282.5	291.3	310.5	318.8	355.3	72.7	9.9%	14.4%	25.7%
Pennsylvania	1,475.2	1,449.4	1,430.2	1,406.1	1,409.0	-66.1	-3.0%	-1.5%	-4.5%
Tennessee	1,324.1	1,231.1	1,262.5	1,288.8	1,306.7	-17.4	-4.7%	3.5%	-1.3%
Texas	1,944.1	1,892.7	1,803.5	1,825.0	1,776.9	-167.2	-7.2%	-1.5%	-8.6%
Utah	122.0	118.9	120.3	117.6	119.2	-2.8	-1.4%	-0.9%	-2.3%
Wisconsin	435.5	412.8	413.8	408.7	395.3	-40.1	-5.0%	-4.5%	-9.2%
21 States	23,246.5	22,771.3	22,627.8	22,727.2	22,944.1	-302.5	-2.7%	1.4%	-1.3%

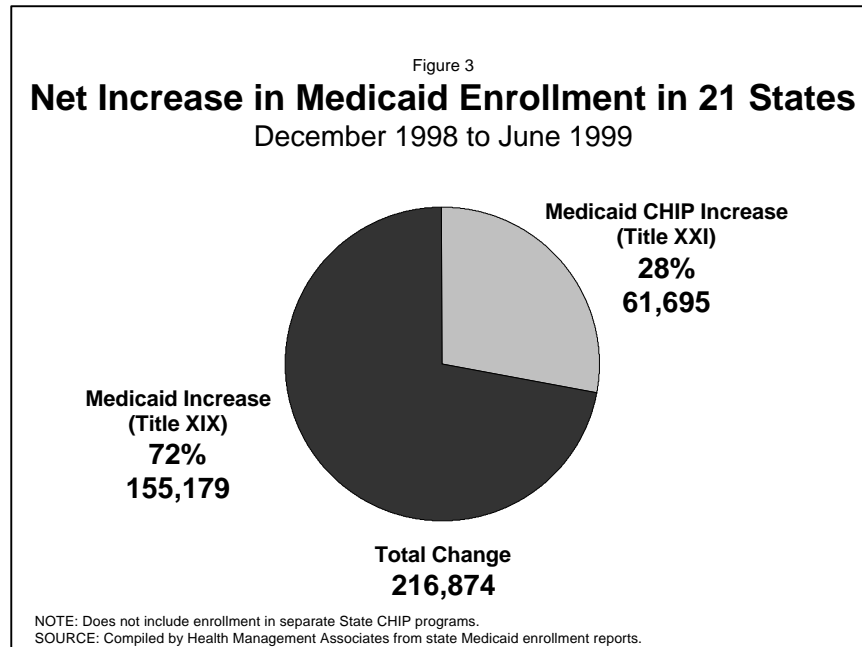
Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

The Impact of Medicaid-CHIP Expansions on Overall Medicaid Enrollment

When Congress enacted the Children's Health Insurance Program (Title XXI) in 1997, states were given the choice of implementing a program that either expanded their Medicaid program (Title XIX), creating a separate CHIP program, or both. Of the 21 states in this study, 14 had implemented a Medicaid-expansion CHIP program by June 1999. Of these, five chose to both expand Medicaid and also create a separate CHIP program. The remaining six states implemented only separate CHIP programs.

In this report, we have made an attempt to assess the impact on total Medicaid enrollment of CHIP expansions through the Medicaid program, as distinct from additional children covered through separate CHIP programs but not enrolled in Medicaid. For the months of December 1998 and June 1999, we obtained separate data on State CHIP

enrollment.¹⁴ These data included changes in both Title XXI Medicaid expansion CHIP enrollment as well as changes in separate, state-operated CHIP program enrollment.



As shown in Figure 3, for the 21 states in this pilot study, total Medicaid enrollment increased by 216,874 individuals from December 1998 to June 1999. Increases in Medicaid expansion CHIP enrollment represented 28% of the total aggregate increase in Medicaid enrollment from December 1998 to June 1999 (61,695 out of 216,874). Enrollment in Medicaid (Title XIX) increased by 155,170 over this 6-month period, comprising 72% of the overall increase.

In the 14 states with a CHIP-Medicaid expansion, only five (Iowa, New Jersey, Ohio, Texas, and Wisconsin) saw total Medicaid enrollment (Title XIX and XXI combined) fall between June of 1999 and December of 1998 (see Table 3 on the following page). Of these, only Texas experienced a drop in their CHIP-Medicaid expansion enrollment (Title XXI only).

In the six states that implemented only separate CHIP programs, four states saw Medicaid enrollment rise (Kansas, North Carolina, Pennsylvania and Utah), while Medicaid enrollment fell in Georgia and New York.

Enrollment in separate CHIP programs, including the six states with only separate programs and the five states with combination programs, increased by 293,502 between June 1999 and December 1998. These enrollment numbers provide an early measure of the relationship between Medicaid and CHIP. The implementation of CHIP programs appears to be contributing to a related enrollment increase in the Medicaid program.

¹⁴ These data were obtained for all 50 states as part of a previous phase of this project, see *Enrollment Increases in State CHIP Programs: December 1998 to June 1999*, The Kaiser Commission on Medicaid and the Uninsured, July 30, 1999. Publication #2153.

Table 3

**The Impact of Medicaid-Expansion CHIP Enrollment on
Aggregate Medicaid Enrollment in 21 States**

December 1998 to June 1999

State	Change in Medicaid Enrollment (Title XIX Only)	Change in Medicaid Expansion CHIP Enrollment (Title XXI Only)	Change in Total Medicaid Enrollment (XIX & XXI Combined)	Change in Separate CHIP Program Enrollment (Title XXI Only)
<i>Study States with CHIP Medicaid Expansion Programs</i>				
Akansas	13,067	371	13,438	NA
California	74,881	1,563	76,444	77,239
Florida	53,195	3,071	56,266	41,744
Illinois	672	11,709	12,381	NA
Indiana	45,500	3,927	49,427	NA
Iowa	-3,063	2,248	-815	NA
Massachusetts	20,302	10,947	31,249	5,008
Michigan	4,422	2,116	6,538	4,936
New Jersey	-27,603	11,648	-15,955	1,747
New Mexico	16,124	868	16,992	NA
Ohio	-20,254	3,120	-17,134	NA
Oklahoma	29,452	7,000	36,452	NA
Tennessee	17,815	*	17,815	NA
Texas	-47,795	-293	-48,088	NA
Wisconsin	-16,739	3,400	-13,339	NA
<i>Subtotal</i>	<i>159,976</i>	<i>61,695</i>	<i>221,671</i>	<i>130,674</i>
<i>Study States with Separate CHIP Programs Only</i>				
Georgia	-15,048		-15,048	31,085
Kansas	10,905		10,905	11,024
New York	-19,001		-19,001	81,590
North Carolina	13,814		13,814	25,887
Pennsylvania	2,965		2,965	10,622
Utah	1,568		1,568	2,620
<i>Subtotal</i>	<i>-4,797</i>		<i>-4,797</i>	<i>162,828</i>
Total	155,179	61,695	216,874	293,502

Source: Compiled by Health Management Associates from state Medicaid enrollment reports.

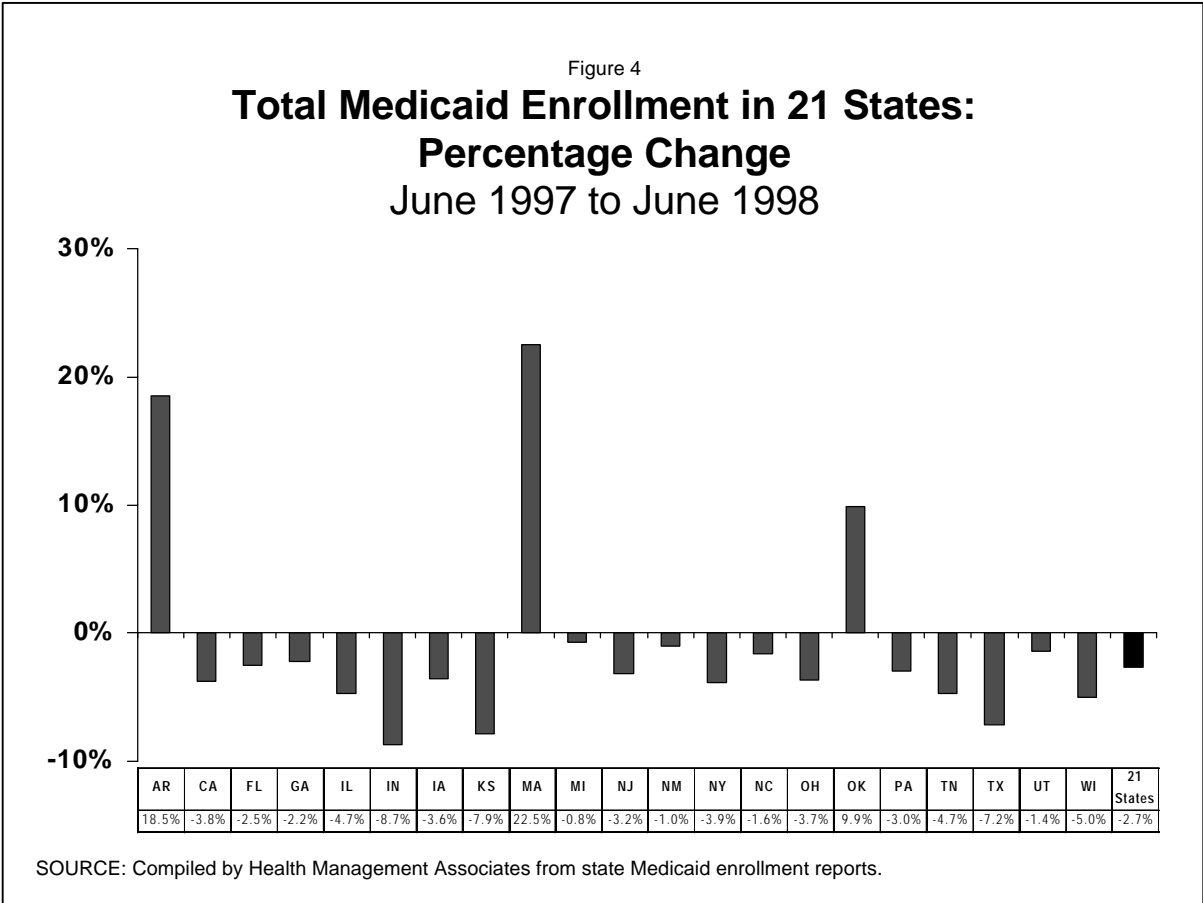
* Tennessee had not begun its CHIP program as of June 1999.

Variation in Medicaid Enrollment by State and Time Period

The enrollment trends described by the aggregate statistics mask the great variation over time among the individual states in the study. Just as every Medicaid program is different, so also are individual state enrollment trends. Discussions with state staff relating to the data used for this report revealed differences among states in the pace and timing of implementation of Medicaid expansions, often related to the State CHIP programs and associated efforts for program outreach. In part, the differences across states also reflect the variations in welfare reform and local economic conditions.

Section IV of this report provides more detailed state-by-state data on enrollment changes throughout the study period, as well as a graphical representation of the impact of Medicaid-expansion CHIP enrollment in 14 states for the last six months of the study.

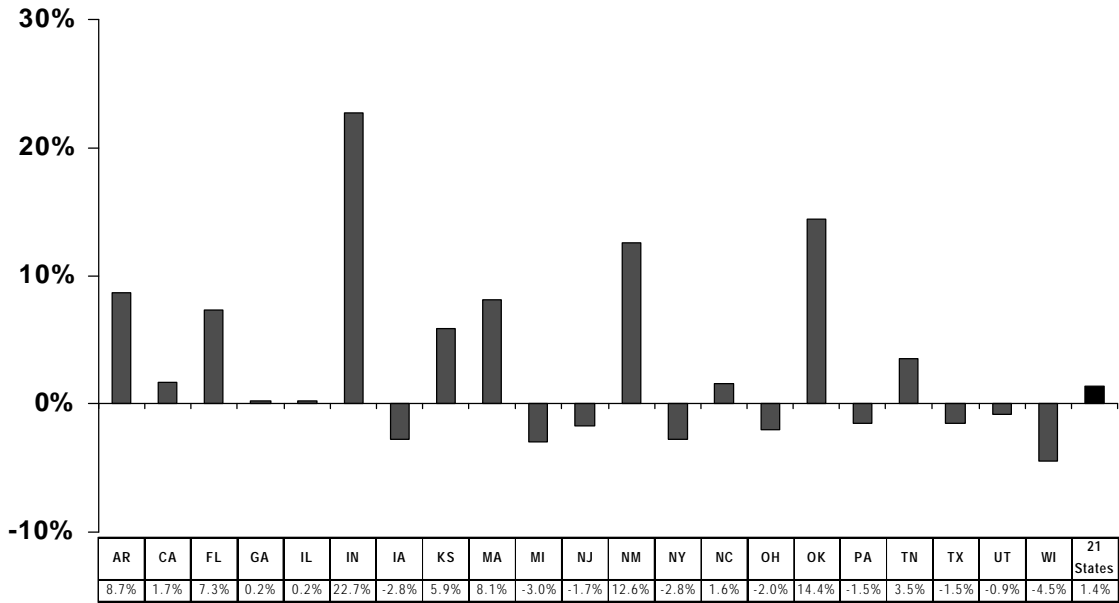
A number of general observations can be made relating to enrollment changes in specific states during specific periods:



June 1997 to June 1998: Three of the 21 study states shown in Figure 4 had increases in enrollment and 18 had declines. Increases occurred in Arkansas, Massachusetts and Oklahoma – each a state with a specific initiative to increase eligibility and enrollment. In Arkansas, the ARKids First program was a major Medicaid eligibility expansion accompanied by a large outreach program. Arkansas also implemented a family planning waiver that accounted for part of this increase. In Massachusetts, the Mass Health program was implemented under an 1115 waiver, expanding eligibility for both working adults and children. Oklahoma implemented an eligibility expansion and a major outreach initiative to find and enroll eligible children.

June 1998 to June 1999: As depicted in Figure 5 on the following page, 12 of the 21 study states had increases in enrollment, with Indiana (22.7%), New Mexico (12.6%), and Oklahoma (14.4%) posting the largest gains. In July 1998, Indiana began an aggressive outreach initiative for “Hoosier Healthwise,” targeting all eligible families with children following their eligibility expansions for children and pregnant women. Similarly, New Mexico launched their *New MexiKids* program and related outreach efforts in August of 1998.

Figure 5
**Total Medicaid Enrollment in 21 States:
Percentage Change
June 1998 to June 1999**



SOURCE: Compiled by Health Management Associates from state Medicaid enrollment reports.

III. Enrollment Changes Across Medicaid Eligibility Groups

The sections that follow include comparisons of Medicaid enrollment trends among the twenty-one states for which data were collected.¹⁵ Enrollment categories were similar, but not always defined exactly the same across states. As a result, only aggregate Medicaid enrollment was compared across all twenty-one states. It is important to emphasize that because data were not available across all study states for all eligibility categories, the trends indicated for each category should not be generalized beyond the sub-group of states examined.

Table 4

Medicaid Eligibility Groups Covered in This Report

Group	States Included	Description
Families, Children, & Pregnant Women	CA, FL, IL, IN, KS, MA, MI, NJ, NY, OH, OK, TX, UT, WI (14)	This category includes all children covered by Medicaid, women who are eligible for Medicaid assistance only during pregnancy, and adults covered by Medicaid as part of a family with dependent children. This includes individuals receiving welfare payments (see Cash-Related TANF category) as well as similarly situated families with slightly higher incomes.
Cash-Related TANF	AR, FL, GA, IL, KS, MI, NJ, NY, PA, TX (10)	This category is a subset of the “Families and Children and Pregnant Women” category. It includes adults and children in families receiving cash assistance from Temporary Assistance for Needy Families (TANF), which replaced the Aid to Families with Dependent Children (AFDC) program. TANF families are generally single parent families unless both parents are unemployed.
Transitional Medical Assistance	MI, IL, KS, IN (4)	TMA is also a subset of the “Families and Children and Pregnant Women” category. TMA is available to families that no longer are covered by TANF due to employment or increased child support payments, but do not have health insurance. TMA coverage generally lasts for 12 months when related to employment and for 4 months when related to child support.
Poverty-Related Groups	FL, IN, IA, MI, NJ, NM, WI (7)	This group is also a subset of the “Families and Children and Pregnant Women” category. These
Aged	CA, IL, IN, MA, MI, NJ, NY, OH, TX (9)	This category includes low-income individuals who are age 65 and older. Some of these individuals receive cash assistance from the Supplemental Security Income (SSI) program. Others may receive assistance only with Medicare’s premium and cost sharing requirements.
Disabled	CA, IL, IN, MA, MI, NJ, NY, OH, TX (9)	This category includes individuals who meet Medicaid’s eligibility requirements and who have a disability that is expected to keep them from engaging in substantial gainful activity for a year or more. Some of these individuals receive cash assistance from the Supplemental Security Income (SSI) program.
Cash-Related TANF & SSI Combined	AR, GA, IL, KS, MI, NJ, NY, PA, WI (9)	This category combines those individuals enrolled in Medicaid who also receive cash assistance through either TANF or SSI.
Medicaid-Only	AR, GA, IL, KS, MI, NJ, NY, PA, WI (9)	These are the Medicaid enrollees who do not receive cash assistance from either TANF or SSI.

¹⁵ All data in this section of the report are derived from the reports which the Medicaid or human services agencies of each of the states supplied to Health Management Associates. More detail on the specific data provided by each of the states can be found in the state profiles in Section IV.

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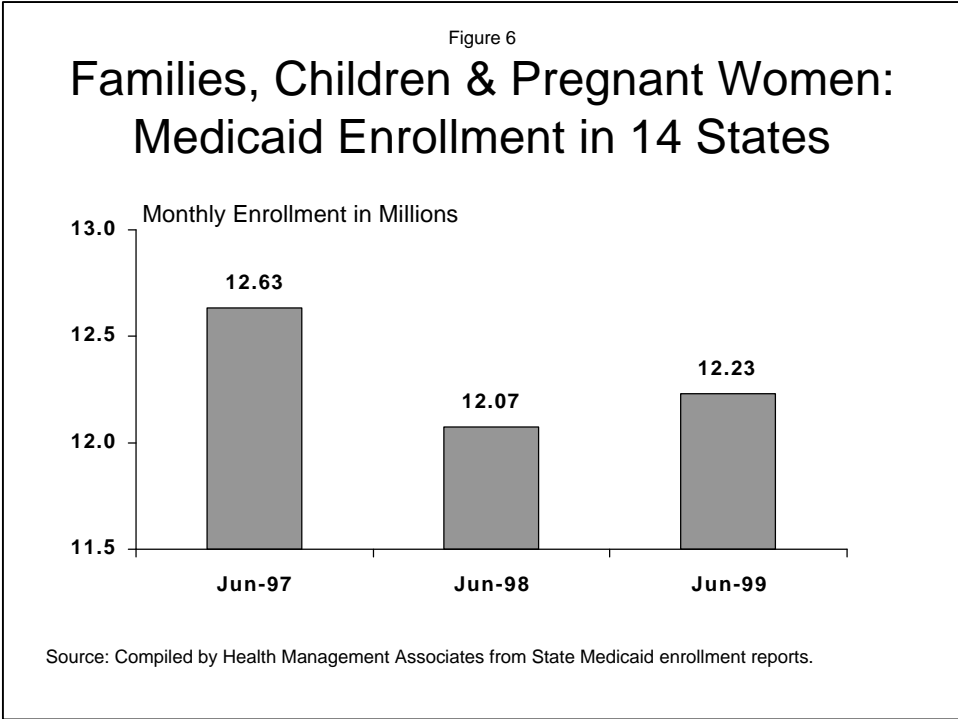
In the following sections, trends are described for seven Medicaid eligibility groups. Table 4 on the previous page provides a general description of each group and lists those states included in each. It should be noted that the “Families, Children, & Pregnant Women” category includes each of the three groups listed under it in white. Other groups may overlap as well, however. For example, the Medicaid-only group includes all poverty-related groups and Transitional Medical Assistance, as well as medically needy and spend-down categories. Appendix A provides a more detailed state-by-state explanation of how the data were aggregated into each group.

The final two groups help highlight a continuing trend in the Medicaid program. When the Medicaid program was implemented in 1966, the vast majority of Medicaid enrollees also received cash welfare assistance. Over the past decade, however, expansions in Medicaid eligibility beyond welfare eligibility levels, coupled with reforms in the welfare program, have reduced the percentage of Medicaid enrollees also receiving cash assistance. Nationally across all 50 states, the percentage of Medicaid enrollees receiving cash assistance declined from nearly 67% in 1990 to only 50% in 1997.¹⁶ This section concludes with a discussion of whether this trend has continued in the 9 study states for which data were available over the past two years.

¹⁶ Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured and based on data from HCFA-2082 reports.

Families, Children, and Pregnant Women

For 14 of the states, data were available on Medicaid enrollment of AFDC/TANF related families, children, and pregnant women.¹⁷ This grouping includes Medicaid adult and children enrollees who are receiving cash assistance from TANF, as well as Medicaid-only adult and children enrollees. The interest in looking at this grouping of enrollees is to examine the net result of decreases in welfare-related categories and offsetting increases in Medicaid-only categories for children and pregnant women. Overall in these 14 states, as shown in Figure 6, Medicaid enrollment decreased from 12.6 million in June of 1997 to 12.1 million in June of 1998. By June of 1999, however, enrollment had rebounded slightly to 12.2 million. This resulted in a 14-state net decrease of 3.2% for these groups over the two years of the study.



As shown on Table 5 on the next page, after a significant decline of 4.4% from June 1997 to June 1998, Medicaid enrollment increased by 1.3% during the next year in these 14 states. States show wide variation in the growth or decline of these groups, however. The range is from a two-year increase of 48.2% in Massachusetts to a decline of 12.6% in Texas.

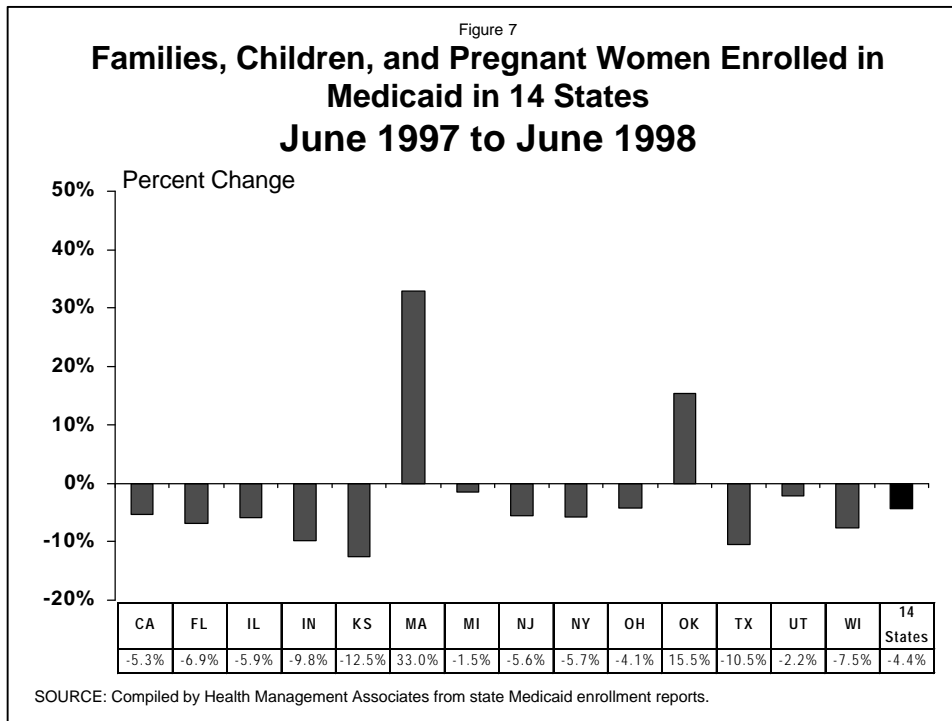
¹⁷ In several of these states it was not possible to disaggregate these groups to examine separate trends.

Table 5

**Families, Children, and Pregnant Women
June 1997 to June 1999**

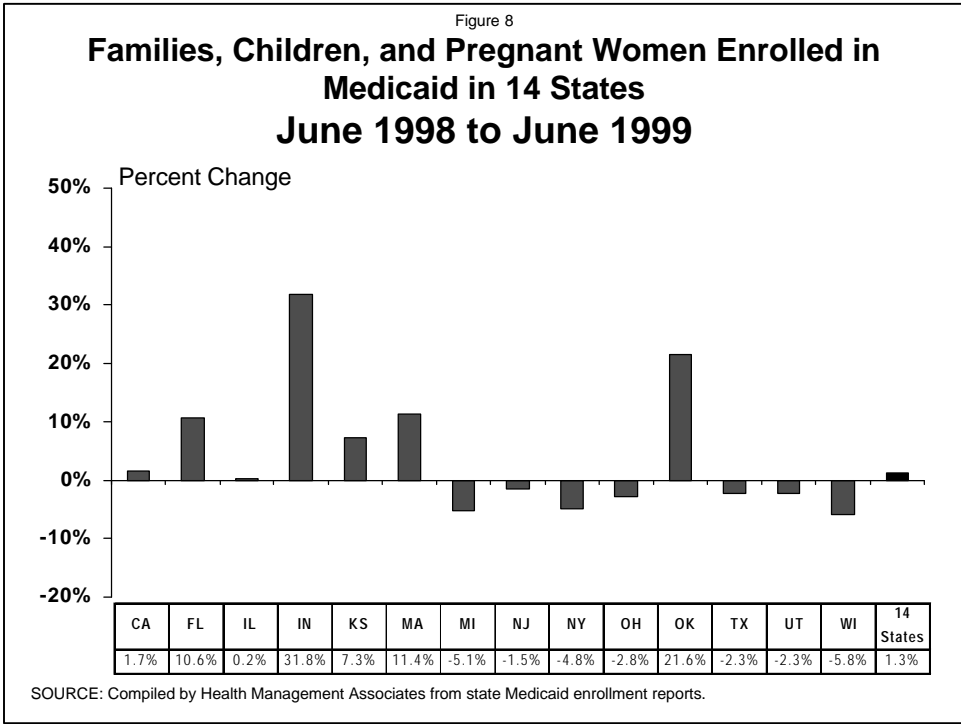
State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
California	3,879.1	3,676.6	3,674.5	3,674.0	3,736.6	-142.5	-5.3%	1.7%	-3.7%
Florida	927.3	919.6	863.1	906.5	954.4	27.2	-6.9%	10.6%	2.9%
Illinois	948.5	936.7	892.1	882.7	894.3	-54.2	-5.9%	0.2%	-5.7%
Indiana	308.9	312.3	278.5	322.1	367.2	58.3	-9.8%	31.8%	18.9%
Kansas	119.8	112.3	104.9	102.6	112.5	-7.3	-12.5%	7.3%	-6.1%
Massachusetts	422.3	NA	561.8	596.0	626.1	203.8	33.0%	11.4%	48.2%
Michigan	795.9	786.2	784.2	740.0	744.5	-51.4	-1.5%	-5.1%	-6.5%
New Jersey	466.2	441.0	440.2	444.3	433.6	-32.5	-5.6%	-1.5%	-7.0%
New York	2,038.8	1,980.4	1,922.4	1,853.3	1,830.7	-208.1	-5.7%	-4.8%	-10.2%
Ohio	761.3	721.3	730.2	723.9	710.0	-51.2	-4.1%	-2.8%	-6.7%
Oklahoma*	176.3	184.5	203.7	211.3	247.7	71.4	15.5%	21.6%	40.5%
Texas*	1,429.4	1,376.5	1,279.1	1,298.6	1,249.4	-179.9	-10.5%	-2.3%	-12.6%
Utah	94.5	91.2	92.4	89.5	90.3	-4.2	-2.2%	-2.3%	-4.5%
Wisconsin	266.0	243.6	246.2	241.5	232.0	-34.1	-7.5%	-5.8%	-12.8%
14 States	12,634.3	NA	12,073.3	12,086.3	12,229.4	-405.0	-4.4%	1.3%	-3.2%

* These states have very small Medically Needy caseloads which may include a few additional individuals in this category.
Source: Compiled by Health Management Associates from State Medicaid enrollment reports.



The changes in these categories not only vary greatly among states, but also vary greatly by time period within the two years of the study. Figures 7 on the previous page and Figure 8 below show these percentage changes in each state for each of the years covered by this study.

From June 1997 to June 1998, enrollment increased only in Massachusetts and Oklahoma while the average for all fourteen states was a decrease of 4.4%. In the year ending in June 1999, enrollment in the family, children and pregnant women categories increased in half of the fourteen states. Across all fourteen states there was an increase of 1.3%.



The differences are dramatic between the year ending in June 1998 and the year ending in June 1999. In Massachusetts, the MassHealth program was well underway in 1997 and most of the Massachusetts growth occurred in the year ending June 1998. In Indiana, outreach initiatives and operational policy changes occurred in the last half of 1998. Indiana experienced a decline in these groups in the year ending June 1998 but a substantial increase in the year ending June 1999. Oklahoma experienced a 15.5% in the first year and a 21.6% gain in the second year, for a total increase of 71,400 individuals.

Cash-Related TANF Enrollees

Over the two years covered by this study, the number of individuals enrolled in Medicaid and also receiving welfare payments from the AFDC/TANF program declined in all ten states for which separate data were available. The decrease was 14.7% from June 1997 to June 1998, and a further decrease of 19.0% from June 1998 to June 1999.

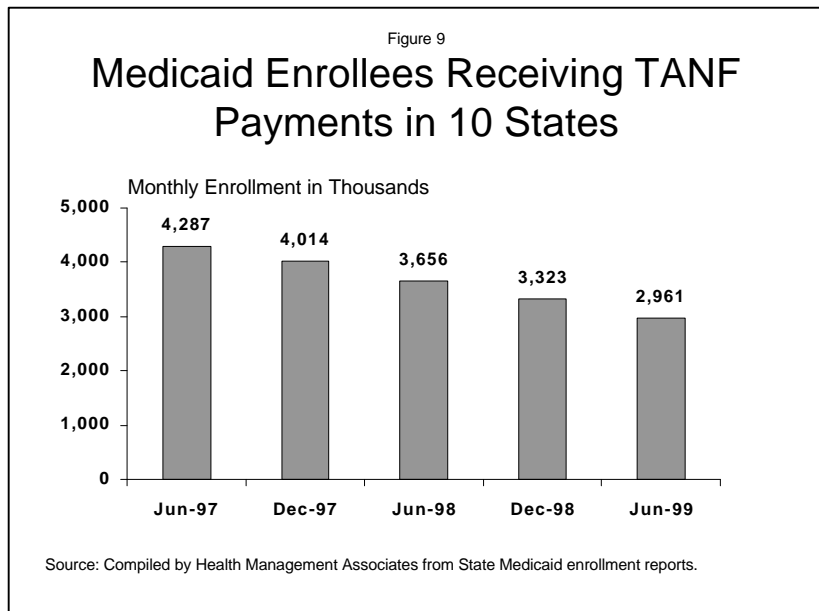
Table 6

**Medicaid Enrollees Receiving TANF Payments in 10 States
June 1997 to June 1999**

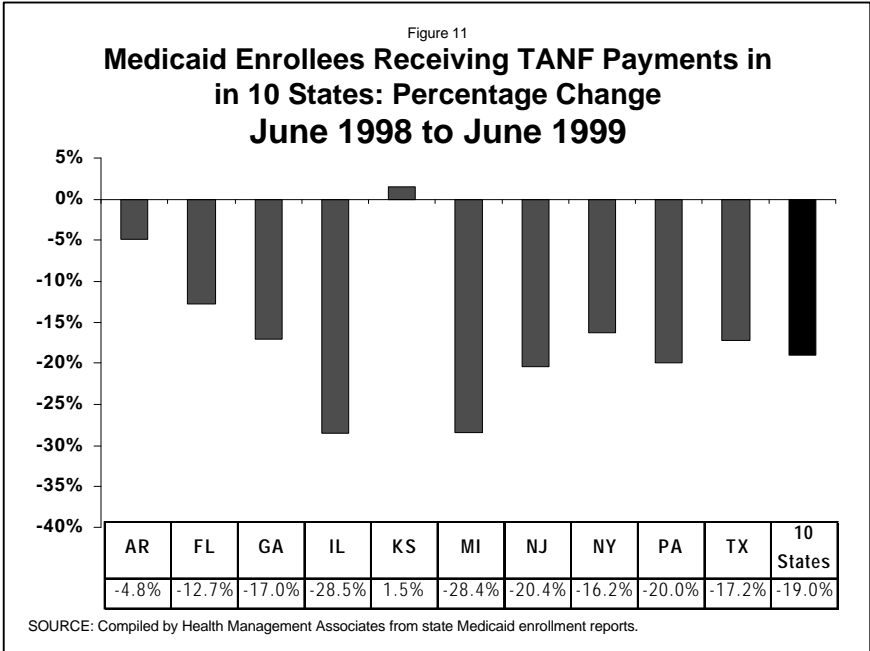
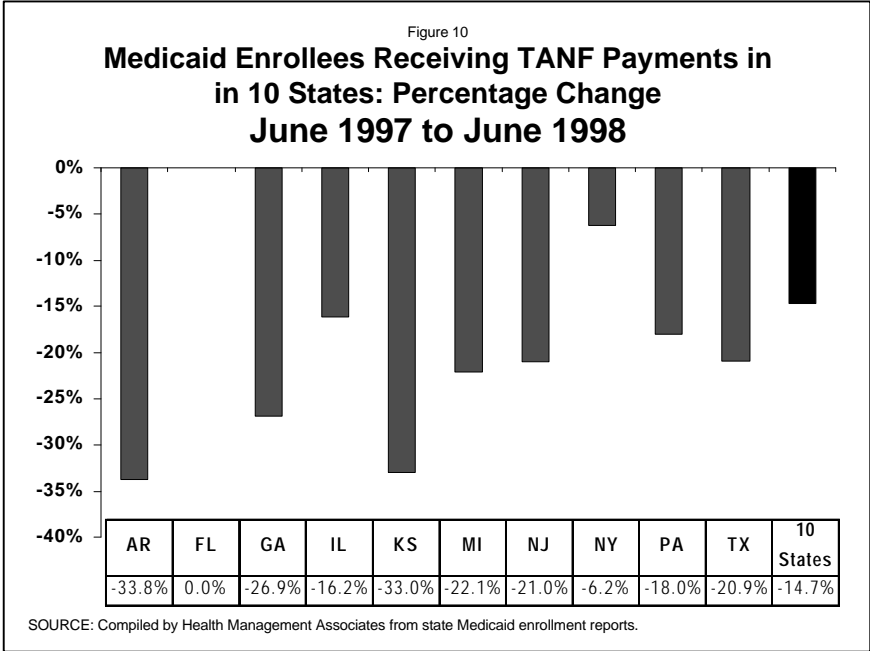
State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Arkansas	57.1	42.4	37.8	35.5	36.0	-21.1	-33.8%	-4.8%	-37.0%
Florida	492.2	514.4	492.0	474.8	429.3	-62.9	0.0%	-12.7%	-12.8%
Georgia	252.9	217.9	184.9	169.7	153.3	-99.6	-26.9%	-17.0%	-39.4%
Illinois	575.8	550.5	482.7	414.9	345.0	-230.8	-16.2%	-28.5%	-40.1%
Kansas	43.9	36.5	29.4	28.1	29.9	-14.1	-33.0%	1.5%	-32.0%
Michigan	430.6	391.9	335.4	275.2	240.3	-190.3	-22.1%	-28.4%	-44.2%
New Jersey	243.8	212.6	192.5	175.8	153.3	-90.5	-21.0%	-20.4%	-37.1%
New York	1,060.7	1,011.4	995.3	926.0	833.8	-227.0	-6.2%	-16.2%	-21.4%
Pennsylvania	440.1	399.2	360.8	325.7	288.5	-151.5	-18.0%	-20.0%	-34.4%
Texas	689.8	637.3	545.4	497.7	451.7	-238.1	-20.9%	-17.2%	-34.5%
10 States	4,286.9	4,014.1	3,656.2	3,323.3	2,961.1	-1,325.8	-14.7%	-19.0%	-30.9%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

For these ten states, TANF-related Medicaid enrollment decreased by over 30% from June 1997 to June 1999, a decline of 1.3 million individuals. As shown in Table 6 above, the two-year decrease ranged from 12.8% in Florida to 44.2% in Michigan. Eight of the ten states had two-year decreases in excess of 32%. The two largest states, New York and Texas, had two-year decreases of 21.4% and 34.5%, respectively. Figure 9 shows the steady decrease in enrollment in this category across the ten states.



All ten states experienced a decline in TANF-related enrollees in the year ending June 1998. In the year ending in June 1999 ten of the eleven showed decreases, with only Kansas showing an increase. Kansas Medicaid staff indicated that the limits of TANF caseload reduction might have been reached in their state. In the first half of calendar 1999 Arkansas and Kansas were the only two states of the eleven to report increases in TANF enrollees.



Transitional Medical Assistance

Congress provided for up to twelve months of Transitional Medical Assistance (TMA) for those former TANF enrollees who left TANF due to employment, and four months of TMA for those who left TANF due to increased child support. Four of the 21 states in this study provided separate data on TMA enrollment.

Table 7

**TMA Medicaid Enrollees in 4 States
June 1997 to June 1999**

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Indiana	17.8	9.1	6.5	15.6	21.9	4.1	-63.5%	236.2%	22.9%
Illinois	65.4	71.2	72.6	83.7	76.1	10.7	10.9%	4.9%	16.4%
Kansas	21.1	18.8	16.0	12.1	9.8	-11.3	-24.0%	-38.9%	-53.6%
Michigan	81.7	100.4	118.4	124.8	113.0	31.3	44.9%	-4.5%	38.4%
4 States	186.0	199.6	213.5	236.1	220.8	34.8	14.8%	3.4%	18.7%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

In Illinois, Michigan and Kansas, TMA enrollment declined in the six months ending in June 1999. In Indiana, from June 1998 to June 1999 the number of TMA cases increased. In the last half of 1998, Indiana began aggressive outreach efforts and follow-up on cases that might lose Medicaid due to procedural failures. One of the results of this initiative was an increase in TMA cases in Indiana by over 230% from June 1998 to June 1999.

Poverty-Related Groups

Poverty-related eligibility categories include children and pregnant women, who are not receiving TANF or SSI cash assistance. Also in this category are women formerly enrolled as pregnant women whose eligibility is extended under a “family planning waiver.” Seven of the states in the study track the poverty-related groups as separate categories. Some of these states do not track children separately from pregnant women. Therefore this report combines all of these “poverty related groups” for the seven states with separate data. Overall enrollment changes in this category are shown in Figure 12 below.

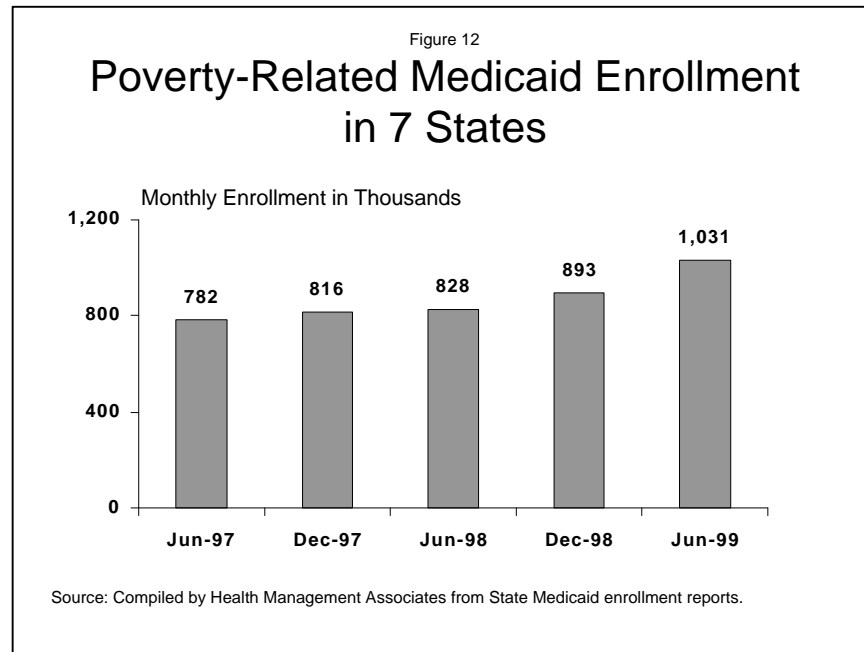


Table 8

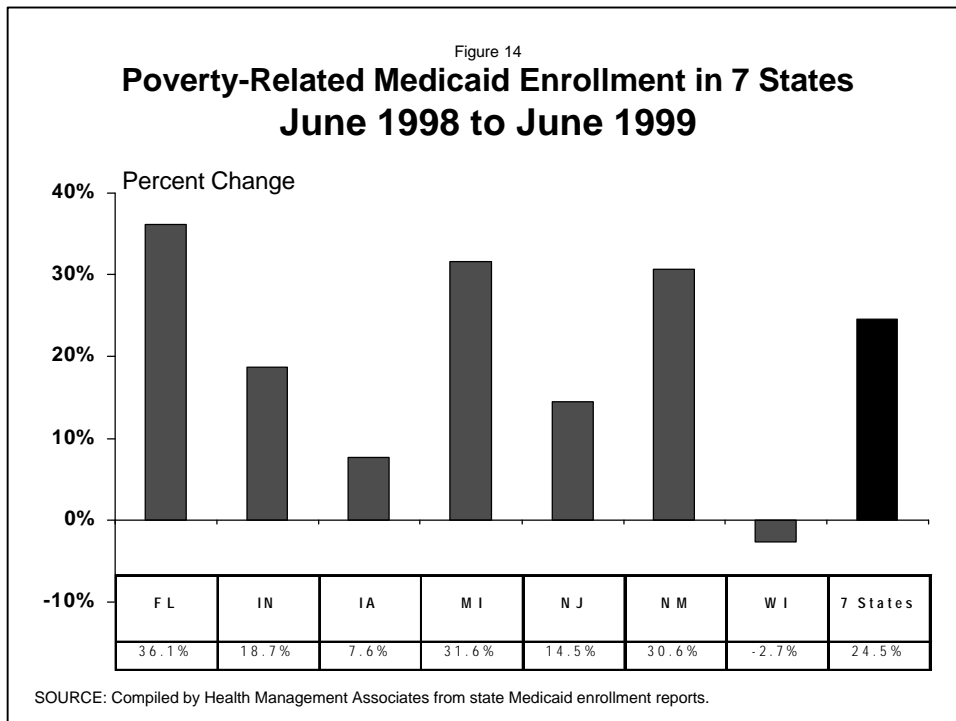
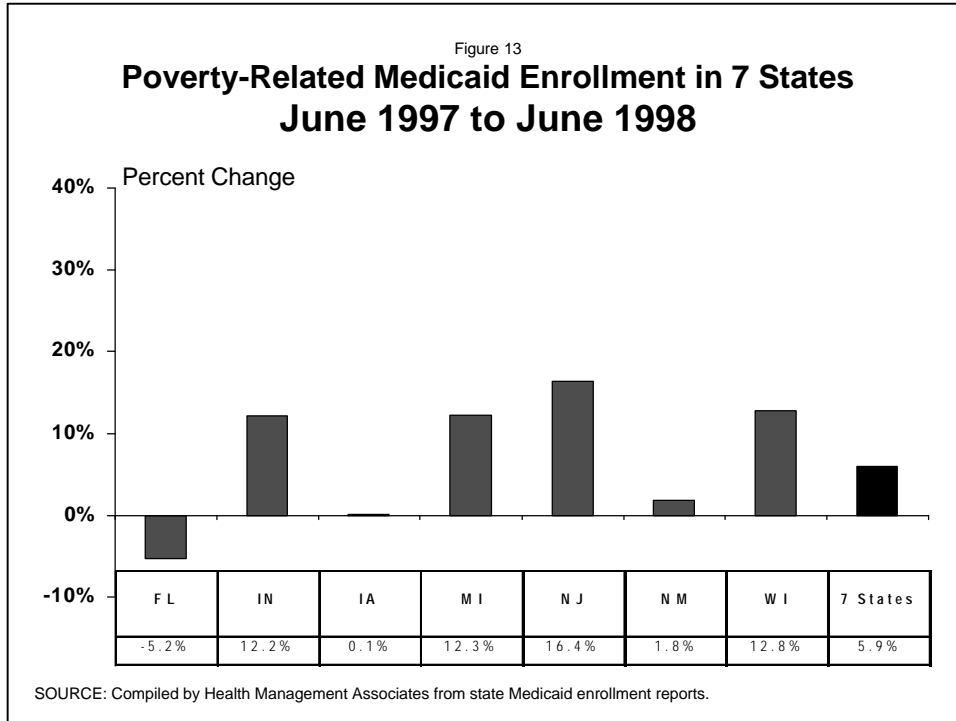
Poverty-Related Medicaid Enrollment in 7 States June 1997 to June 1999

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Florida	248.5	251.3	235.6	267.7	320.7	72.2	-5.2%	36.1%	29.0%
Indiana	100.6	117.2	112.9	118.4	134.1	33.4	12.2%	18.7%	33.2%
Iowa	29.0	29.1	29.0	28.7	31.2	2.2	0.1%	7.6%	7.6%
Michigan	171.8	172.0	192.9	208.7	253.9	82.1	12.3%	31.6%	47.8%
New Jersey	90.1	94.1	104.9	114.3	120.1	30.0	16.4%	14.5%	33.3%
New Mexico	65.4	68.5	66.6	70.9	87.0	21.6	1.8%	30.6%	33.0%
Wisconsin	76.4	84.3	86.2	84.0	83.8	7.4	12.8%	-2.7%	9.7%
7 States	782.0	816.4	828.1	892.6	1,030.9	248.9	5.9%	24.5%	31.8%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

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As shown in Table 8 on the previous page, poverty-related enrollment increased by nearly 250,000 individuals (32%) from the month of June 1997 to June 1999 in these seven states. The smallest increase was 7.6% in Iowa, and the greatest was 47.8% in Michigan. Figures 13 and 14 below indicate that enrollment was up in nearly all of the seven states for each of the two one-year periods included in this study.



Aged

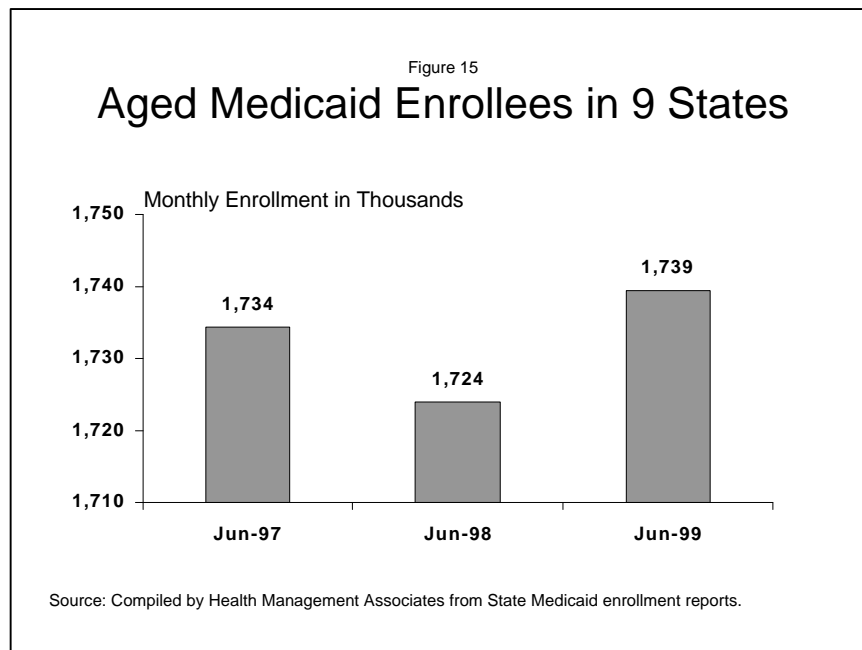
Nine states reported separate data on the aged. In these nine states, the number of aged Medicaid enrollees increased by only 0.3% over the two years of the study. Aged enrollees grew in four states and decreased in five of the nine states for which separate data were available. As shown in Table 9 below, the greatest increase was 2% in Michigan and the greatest decrease was 1.7% in Illinois and New Jersey.

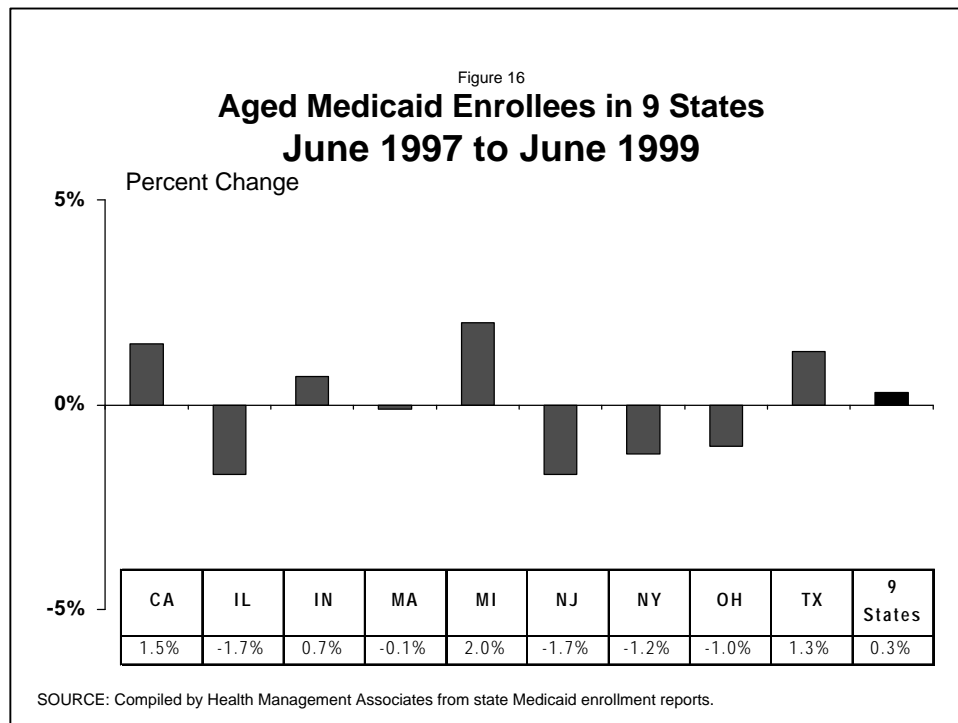
Table 9

**Aged Medicaid Enrollees in 9 States
June 1997 to June 1999**

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
California	484.4	482.4	484.9	486.1	491.5	7.1	0.1%	1.4%	1.5%
Illinois	100.0	100.1	98.9	98.7	98.3	-1.7	-1.1%	-0.6%	-1.7%
Indiana	120.5	121.9	112.4	118.7	121.4	.9	-6.7%	8.0%	0.7%
Massachusetts	105.2	NA	103.3	103.3	105.1	-.1	-1.8%	1.7%	-0.1%
Michigan	79.4	79.9	79.4	80.5	81.0	1.6	0.0%	2.0%	2.0%
New Jersey	79.8	80.4	81.0	81.1	78.5	-1.4	1.5%	-3.1%	-1.7%
New York	323.7	323.8	321.4	323.0	319.9	-3.8	-0.7%	-0.5%	-1.2%
Ohio	137.9	137.1	136.9	138.0	136.5	-1.4	-0.7%	-0.3%	-1.0%
Texas	303.3	302.8	305.7	308.6	307.3	4.0	0.8%	0.5%	1.3%
9 States	1,734.3	NA	1,723.9	1,738.1	1,739.4	5.2	-0.6%	0.9%	0.3%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.





As shown in Figures 15 and 16, aged enrollment remained relatively flat in all nine states across both years of this study.

Disabled

Prior to 1997, all HCFA Medicaid data reported enrollment of blind individuals separately from enrollment of those with other disabilities. The 1997 HCFA-2082 report was the first to merge blind and disabled enrollment together. All references to the disabled in this report also include the blind.

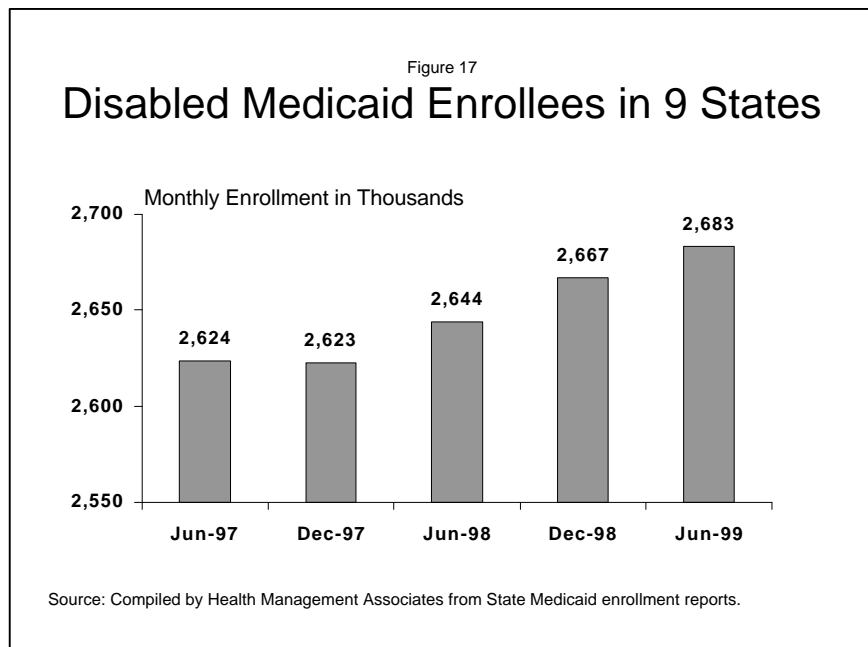
Table 10

Disabled Medicaid Enrollees in 9 States June 1997 to June 1999

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
California	815.4	810.3	821.5	828.4	836.8	21.3	0.7%	1.9%	2.6%
Illinois	256.5	253.5	252.7	252.5	253.7	-2.8	-1.5%	0.4%	-1.1%
Indiana	60.2	59.6	56.0	58.4	60.0	-.2	-7.0%	7.2%	-0.3%
Massachusetts	144.9	157.0	158.2	159.7	159.2	14.2	9.2%	0.6%	9.8%
Michigan	240.6	241.4	242.8	245.9	247.5	6.9	0.9%	1.9%	2.9%
New Jersey	147.6	148.2	150.3	150.3	147.7	.1	1.8%	-1.7%	0.1%
New York	556.1	554.5	562.6	570.2	576.9	20.8	1.2%	2.6%	3.7%
Ohio	208.7	202.4	199.9	200.9	199.1	-9.6	-4.2%	-0.4%	-4.6%
Texas	193.8	195.7	200.2	200.7	202.2	8.4	3.3%	1.0%	4.3%
9 States	2,623.8	2,622.6	2,644.2	2,666.9	2,683.0	59.2	0.8%	1.5%	2.3%

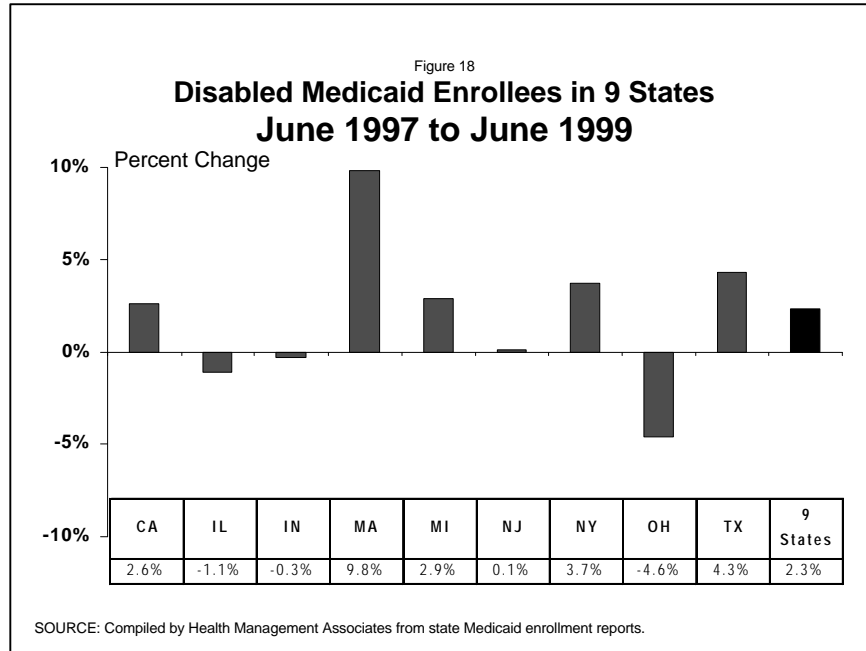
Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

Nine states provided separate data for the disabled. As shown in Table 10 above, enrollment in this category increased by 2.3% over the two-year study period. As shown in Figure 17, this represented an increase of roughly 60,000 disabled enrollees over two years in these nine states. During this period, only three states reported declines (Illinois, Indiana, and Ohio) and six states reported increases.



Although states generally did not expand eligibility during this period, some of the growth may be attributable to new or expanded home and community-based waiver programs.¹⁸

Figure 18 shows the state-by-state percent change in disabled enrollment between the months of June 1997 and June 1999. During this period, disabled enrollment increased by 2.3%, with Massachusetts and Ohio reporting the largest enrollment increase and decrease, respectively.



¹⁸ Home and community-based waivers allow Medicaid programs to cover supportive services to keep individuals in their own homes who would otherwise require institutional care in a setting such as a nursing home.

A Changing Mix: Medicaid Enrollees With and Without Cash Assistance

The relationship between the Medicaid program and welfare has recently undergone significant changes. When the Medicaid program began in 1966, most Medicaid enrollees also received cash welfare assistance. Medicaid eligibility categories were the same as those for welfare. These included the aged (Old Age Assistance or OAA), the blind (Aid to the Blind or AB), the disabled (Aid to the Disabled or AD) or dependent children and their families (Aid to Dependent Children, Aid to Families with Dependent Children or AFDC). A single program, Supplemental Security Income (SSI), administered by the Social Security Administration later replaced the OAA, AB, and AD programs.¹⁹

In the late 1980s, Congress began adding and then expanding Medicaid-only categories for children and pregnant women. In addition, a new Transitional Medical Assistance (TMA) category provided up to a year of Medicaid eligibility for some families leaving the TANF program.²⁰ The 1996 Personal Responsibility and Work Opportunities Reform Act (PRWORA) created further opportunities for persons to qualify for Medicaid without also being on welfare. A time-limited Temporary Assistance for Needy Families (TANF) program replaced AFDC, and Medicaid was “de-linked” from TANF, severing the automatic link to Medicaid for individuals eligible for cash assistance. The legislation stipulated, however, that individuals who would have qualified for AFDC under a state’s pre-welfare reform rules would remain eligible for Medicaid.

Welfare reform accelerated a ten-year shift toward a rising proportion of Medicaid enrollees who do not receive cash assistance. The number of persons qualifying in Medicaid-only categories has increased throughout this period.²¹ Obviously, there has also been a sharp decrease in the number of persons receiving welfare in the aftermath of the program’s reform.

As shown in Table 11 on the following page, 54% of Medicaid enrollees were also receiving cash assistance in June of 1997 (either TANF or SSI) for the nine states for which data were available separately for cash assistance and Medicaid-only categories. The range was from 48% in Illinois to 67% in Wisconsin.

Over the two-year period of this study, from June 1997 to June 1999, the ratio of cash assistance enrollees to total Medicaid enrollees declined from 54% to 44% for these nine states. For June 1999, the range was from 60% in Wisconsin to 31% in Illinois.

¹⁹ Some state Medicaid reports still use the OAA, AB and AD labels.

²⁰ Some states have provided clients an opportunity to pay a premium to “buy-in” to the Medicaid program after the one year of TMA has ended. However, the number of individuals choosing this option has been very limited.

²¹ Medicaid enrollees receiving non-federal cash assistance such as General Assistance in Pennsylvania or Home Relief in New York are counted as “Medicaid-only” in this analysis.

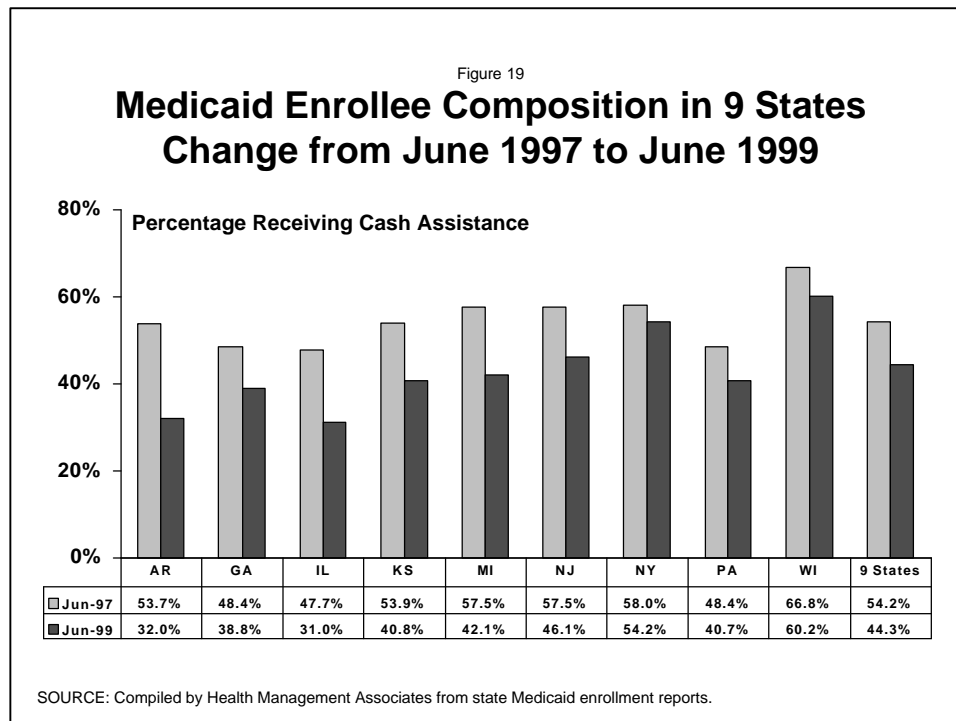
Table 11

**Medicaid Composition in 9 States, 1997 to 1999
(enrollment in thousands)**

State	June 1997				June 1999			
	Total Enrollment	Medicaid Only*	Medicaid and Cash Assistance	Cash as a Percent of Total	Total Enrollment	Medicaid Only*	Medicaid and Cash Assistance	Cash as a Percent of Total
Arkansas	297.9	137.8	160.1	53.7%	383.9	261.0	122.9	32.0%
Georgia	946.6	488.0	458.6	48.4%	927.4	567.2	360.2	38.8%
Illinois	1,305.0	682.6	622.4	47.7%	1,246.3	860.1	386.2	31.0%
Kansas	183.1	84.4	98.7	53.9%	178.5	105.7	72.9	40.8%
Michigan	1,115.9	474.2	641.7	57.5%	1,073.0	621.1	451.8	42.1%
New Jersey	693.6	295.0	398.6	57.5%	659.8	355.7	304.0	46.1%
New York	2,918.7	1,224.7	1,694.0	58.0%	2,727.5	1,248.8	1,478.7	54.2%
Pennsylvania	1,475.2	760.5	714.6	48.4%	1,409.0	835.1	574.0	40.7%
Wisconsin	435.5	144.6	290.9	66.8%	395.3	157.3	238.1	60.2%
9 States	9,371.4	4,291.8	5,079.6	54.2%	9,000.8	5,011.8	3,988.9	44.3%

* Includes recipients of cash assistance programs that are funded exclusively by state and local government.
Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

The number of Medicaid enrollees also receiving cash assistance decreased from 5,079,627 to 3,988,909 from June 1997 to June 1999, a decrease of over 1 million individuals for these nine states. Enrollment in Medicaid-only categories increased by 720,066 for these nine states. Figure 19 below provides a state-by-state comparison of Medicaid cash-assistance enrollees for June 1997 to June 1999. All nine states show a significant decline in the percentage of Medicaid enrollees receiving cash assistance, with Arkansas and Illinois posting the largest percentage declines of 21.7% and 16.7%, respectively.



Cash-Related TANF & SSI Combined

This section provides detailed information from nine states on the change in cash-related Medicaid enrollment over the two years covered by this study. This category combines those individuals enrolled in Medicaid who also receive cash assistance through either TANF or SSI. As indicated in the previous section, the figures and tables below show additional data on the decline in the number of Medicaid enrollees also receiving cash assistance since welfare reform in 1996.

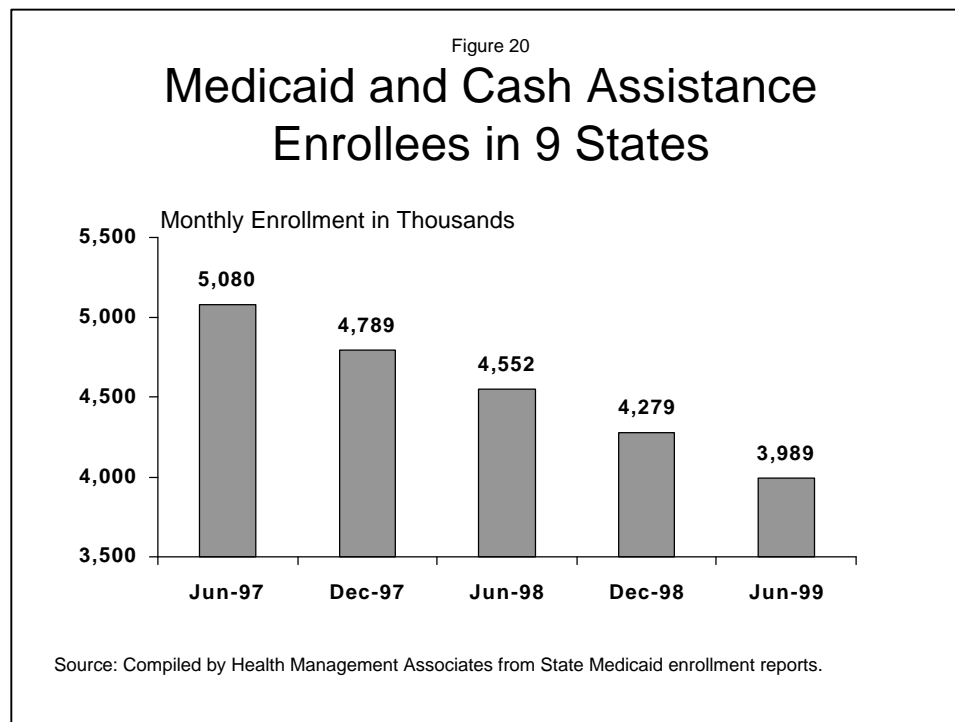
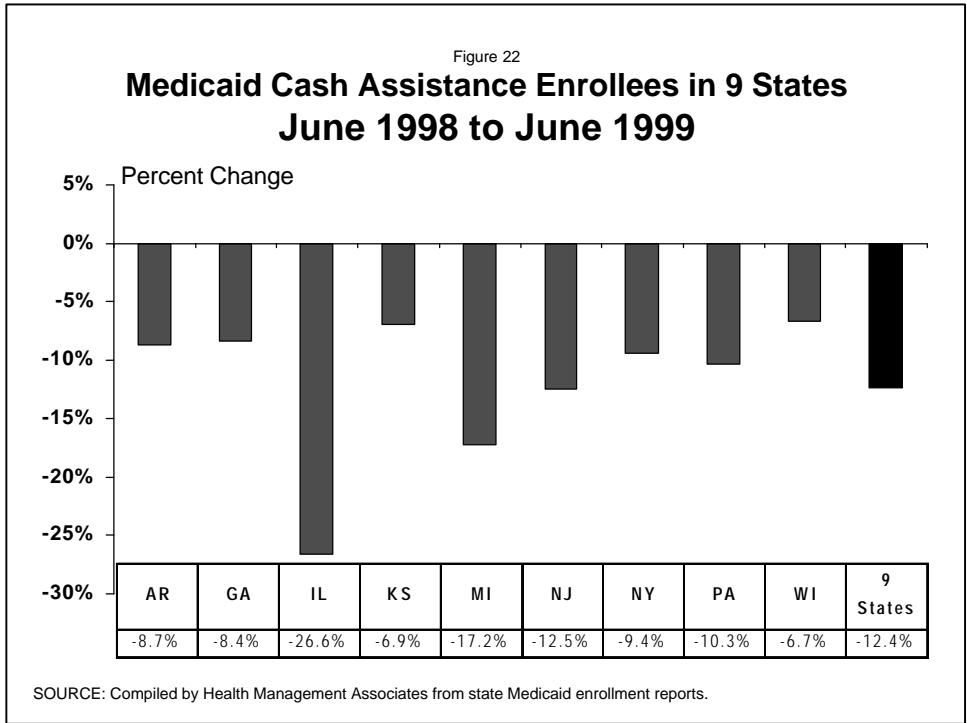
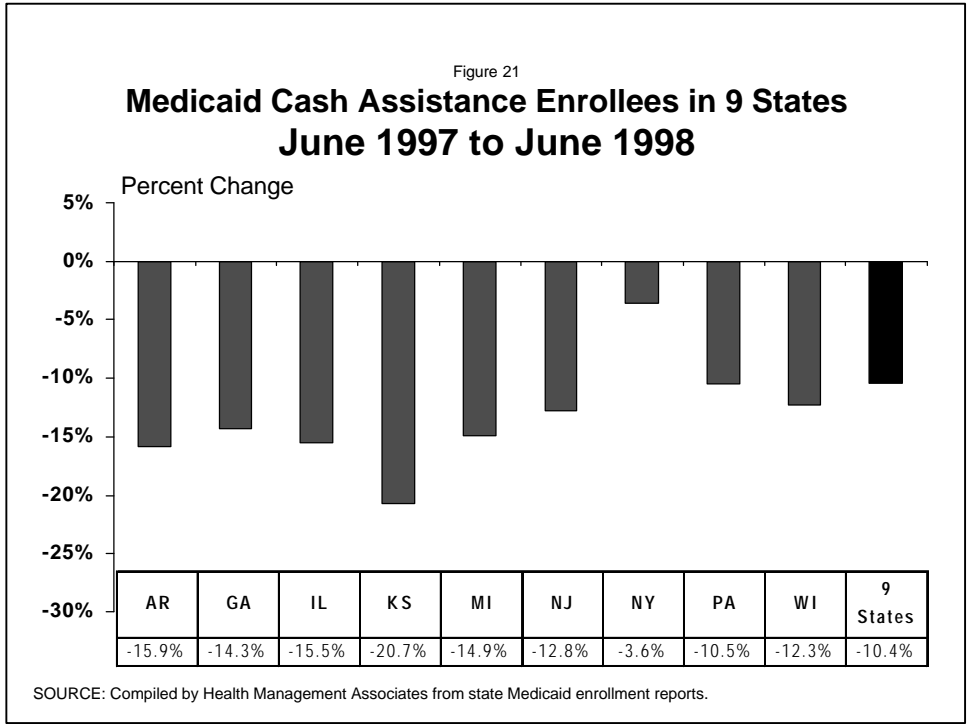


Table 12

Cash-Related Medicaid Enrollment in 9 States June 1997 to June 1999

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Arkansas	160.1	141.3	134.7	128.7	122.9	-37.2	-15.9%	-8.7%	-23.2%
Georgia	458.6	424.6	393.1	377.6	360.2	-98.4	-14.3%	-8.4%	-21.4%
Illinois	622.4	595.3	525.9	457.2	386.2	-236.2	-15.5%	-26.6%	-37.9%
Kansas	98.7	88.2	78.3	73.1	72.9	-25.8	-20.7%	-6.9%	-26.2%
Michigan	641.7	599.6	545.9	486.4	451.8	-189.9	-14.9%	-17.2%	-29.6%
New Jersey	398.6	366.3	347.4	329.7	304.0	-94.6	-12.8%	-12.5%	-23.7%
New York	1,694.0	1,640.6	1,632.3	1,568.1	1,478.7	-215.3	-3.6%	-9.4%	-12.7%
Pennsylvania	714.6	674.4	639.6	607.9	574.0	-140.6	-10.5%	-10.3%	-19.7%
Wisconsin	290.9	258.5	255.1	249.9	238.1	-52.8	-12.3%	-6.7%	-18.2%
9 States	5,079.6	4,789.0	4,552.3	4,278.6	3,988.9	-1,090.7	-10.4%	-12.4%	-21.5%

Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

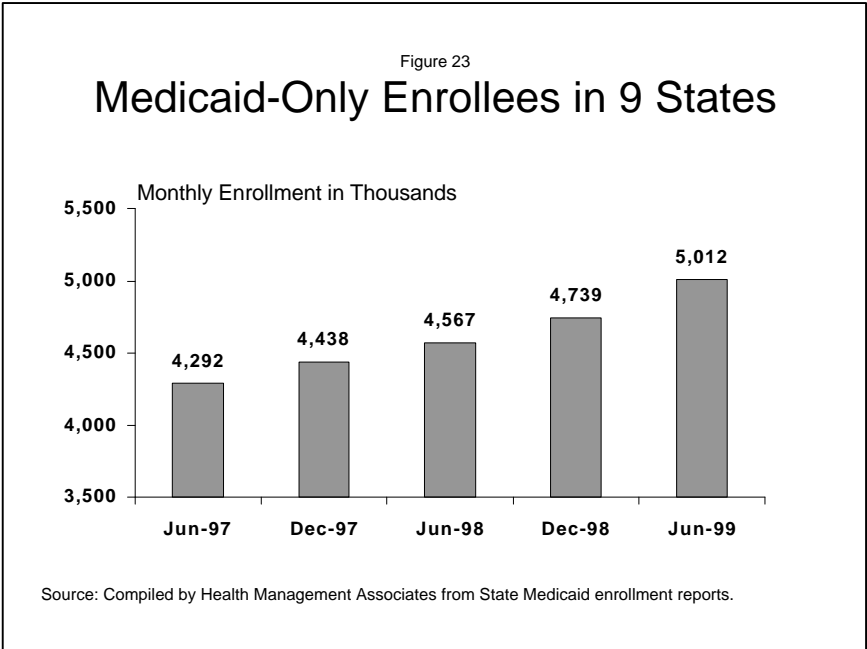


Medicaid-Only

Over the past decade, Medicaid has transitioned from a program dominated by individuals receiving cash assistance to one in which fewer than half of Medicaid clients now receive cash assistance. This change reflects both declining welfare enrollments and the continued phase-in of Medicaid-only eligibility expansions.

The Medicaid-only group includes all enrollees who do not receive cash welfare assistance through the TANF or SSI programs. Thus, this group includes poverty-related eligibility categories for children and pregnant women, Transitional Medical Assistance and Medically Needy and spend-down categories for the aged, disabled, families and children.

As shown in Figure 23 below, Medicaid-only enrollment in the nine states for which data were available has grown from 4.3 million in June of 1997 to over 5 million in June of 1999. This increase of 720,000 individuals receiving Medicaid without any cash assistance represents a percent change of 16.8% over the two-year period.



As depicted in Table 13 and Figures 24 and 25 on the following pages, the change in Medicaid-only enrollment ranged from an increase of 58.5% in Arkansas from June of 1997 to June of 1998 to a decrease of 4.1 percent in New York during the same period. Medicaid-only enrollment increased most dramatically in the state of Arkansas. From June 1998 to June 1999, enrollment in this category increased by 19.8% in Illinois and decreased by 0.9% in Wisconsin. Throughout the two-year study period, many states have increased coverage for children and pregnant women through Medicaid expansions.

These expansions affect a variety of Medicaid-only groups. In some states, Medicaid eligibility was expanded for elderly and disabled individuals with incomes higher than the SSI payment levels. Other states implemented a “family planning waiver” during this

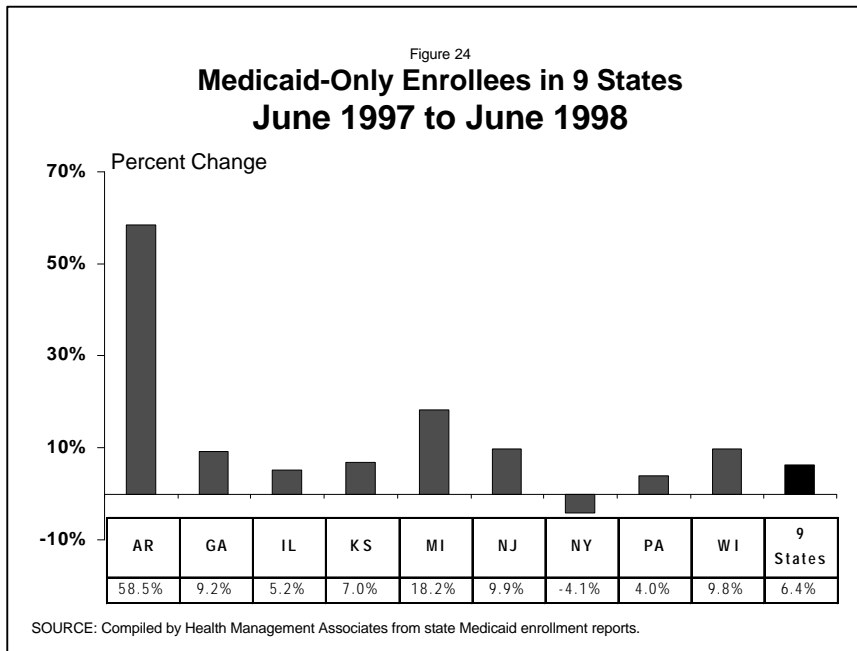
Table 13

**Medicaid-Only (Non-Cash) Enrollment in 9 States*
June 1997 to June 1999**

State	Monthly Enrollment in Thousands					Percent Change			
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 99	June 97 to June 98	June 98 to June 99	June 97 to June 99
Arkansas	137.8	179.8	218.4	241.7	261.0	123.2	58.5%	19.5%	89.4%
Georgia	488.0	516.8	532.8	564.9	567.2	79.2	9.2%	6.4%	16.2%
Illinois	682.6	695.0	717.8	776.7	860.1	177.5	5.2%	19.8%	26.0%
Kansas	84.4	87.4	90.4	94.5	105.7	21.2	7.0%	16.9%	25.1%
Michigan	474.2	507.9	560.6	580.0	621.1	146.9	18.2%	10.8%	31.0%
New Jersey	295.0	303.2	324.1	346.0	355.7	60.7	9.9%	9.8%	20.6%
New York	1,224.7	1,218.1	1,174.0	1,178.4	1,248.8	24.1	-4.1%	6.4%	2.0%
Pennsylvania	760.5	774.9	790.6	798.2	835.1	74.5	4.0%	5.6%	9.8%
Wisconsin	144.6	154.3	158.7	158.8	157.3	12.7	9.8%	-0.9%	8.8%
9 States	4,291.8	4,437.5	4,567.4	4,739.3	5,011.8	720.1	6.4%	9.7%	16.8%

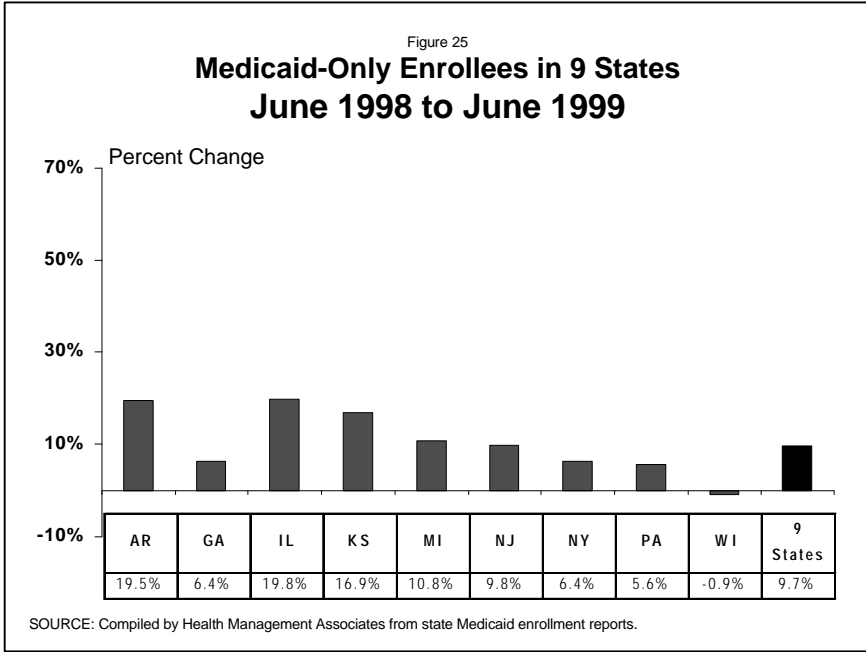
* Includes recipients of cash assistance programs that are funded exclusively by state and local government.
Source: Compiled by Health Management Associates from State Medicaid enrollment reports.

period that allows them to continue providing limited family planning benefits under Medicaid to women who are no longer Medicaid-eligible and who have recently had a pregnancy. Arkansas and Florida are among the states with significant enrollment in family planning waivers. Indeed a significant portion of Arkansas's nearly 90% enrollment growth in this category during the period ending June 1998 can be attributed to their family planning waiver, which provides only family planning and related benefits (as opposed to the full Medicaid benefit package) to women who have recently lost Medicaid coverage.



For this report the State Children's Health Insurance Program (CHIP) enrollees who are covered under a CHIP Medicaid Expansion were also included in the Medicaid-only counts. Please refer to the section on the impact of CHIP in the Overall Trends section of this report for more detail. The ARKids First program (which was implemented before Congress enacted the CHIP program) was included in Arkansas's Medicaid-only growth.

The timing of state decisions to implement optional Medicaid coverage expansions also impacted the growth rate in the two years of the study. States that expanded their income eligibility limits for children and pregnant women prior to 1997 are likely to show slower growth rates in Medicaid-only cases in the two study years.



The growth in Medicaid-only enrollment for all nine states was 6.4% in the year ending June 1998, and was 9.7% in the year ending June 1999. In the year ending June 1998 New York was the only state among these eleven states to report a decrease in Medicaid-only enrollment, a decline of 4.1%. Only Wisconsin reported a slight decrease in Medicaid-only enrollment in the year ending June 1999, a decline of 0.9%.

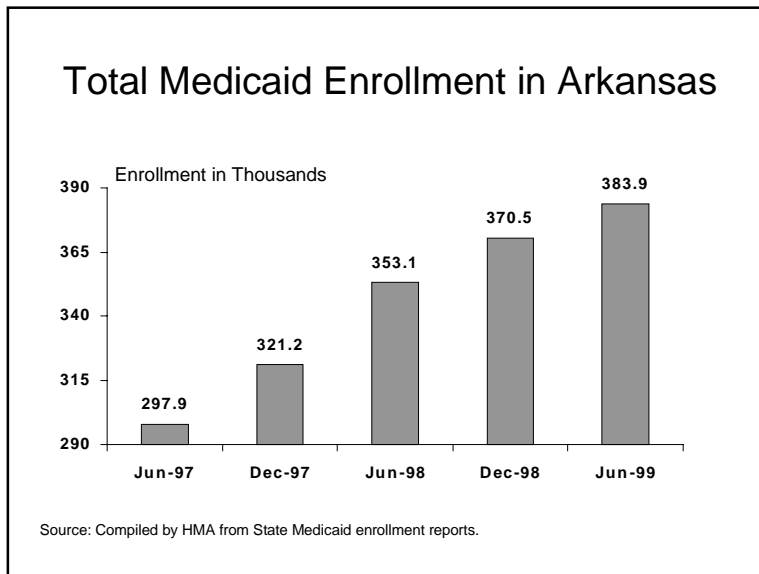
In most of these states, the growth observed in the number of individuals enrolled in Medicaid-only categories did not completely offset the decline in enrollees covered through a cash assistance pathway. As a result, total Medicaid enrollment declined in eight of these nine states over this two-year period.

IV. State-by-State Enrollment Data, June 1997 to June 1999

This section contains a more detailed presentation of the Medicaid enrollment data provided by each of the 21 states in this pilot study.



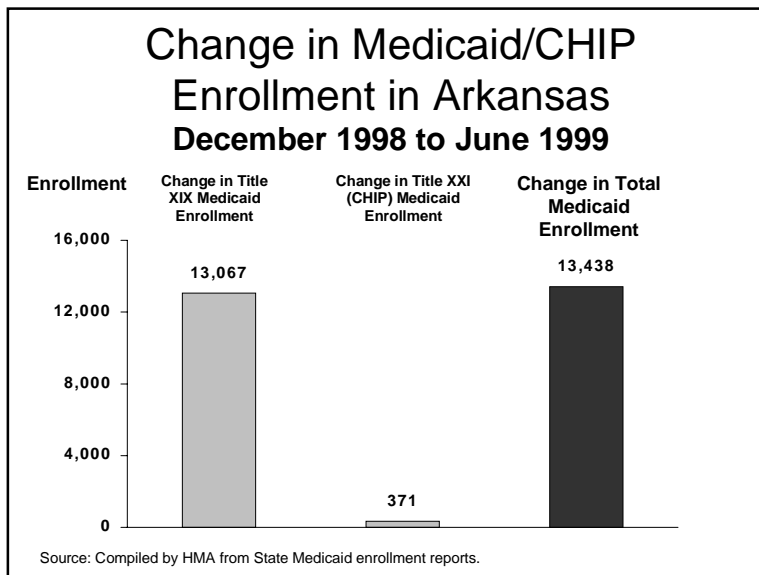
ARKANSAS



Notes:

A portion of the enrollment growth in Arkansas can be attributed to the state's Family Planning Waiver. This waiver provides limited Medicaid coverage (family planning and related benefits only) for women who have recently lost Medicaid eligibility. It does not provide the full range of Medicaid benefits.

The ARKids First program, which expanded eligibility for low-income children, was implemented before the enactment of the CHIP program by Congress.





ARKANSAS (CONT.)

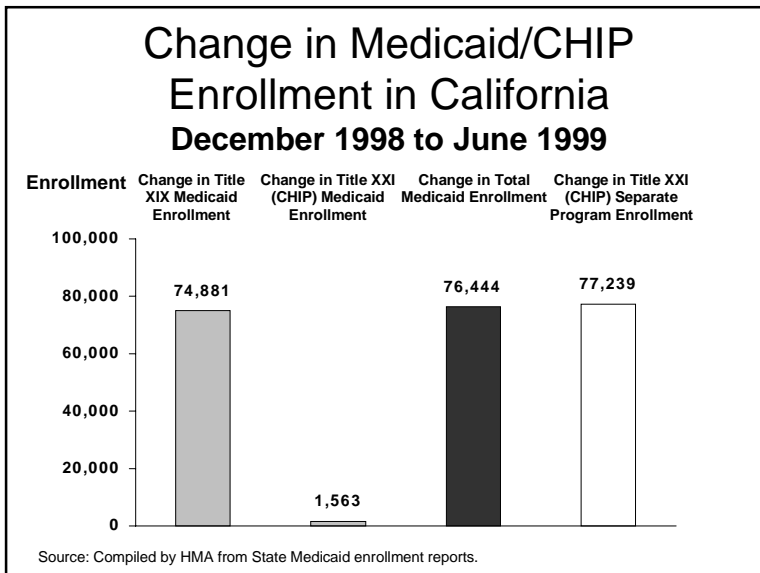
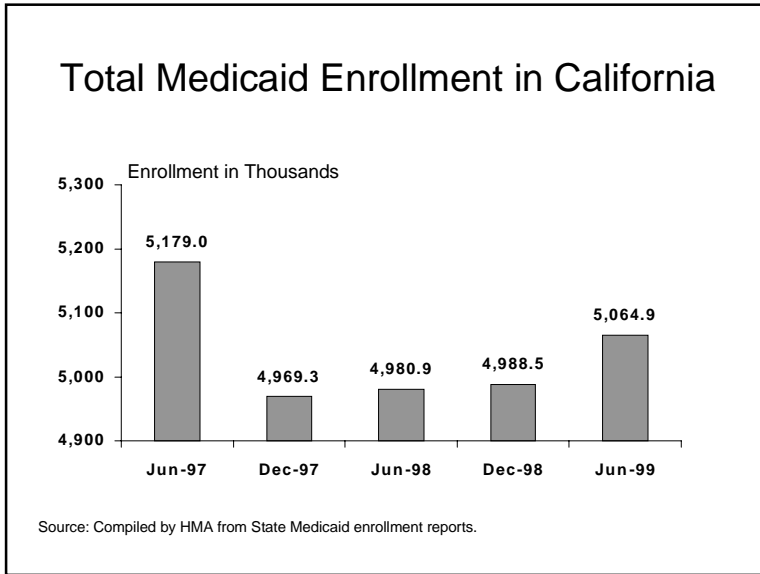
Arkansas Medicaid Data						June 97 to June 98	June 98 to June 99
Federal Aid Category Description	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99		
Categorically Needy - With Cash Assistance							
Aged	19,348	18,564	17,751	17,041	16,362		
Blind & Disabled	83,632	80,408	79,095	76,231	70,545		
Children	40,988	30,690	27,425	25,285	19,070		
Caretaker & Pregnant Women	16,119	11,668	10,402	10,186	16,927		
SUBTOTAL	160,087	141,330	134,673	128,743	122,904	-15.9%	-8.7%
Categorically Needy - No Cash Assistance							
Aged	16,698	16,474	15,989	15,649	14,751		
Blind & Disabled	5,857	7,422	8,588	9,946	15,282		
Children	150	93	196	289	891		
Caretaker & Pregnant Women	6,363	8,252	8,590	9,194	10,063		
Other Title XIX Recipients	6,202	6,418	6,029	5,872	4,792		
SUBTOTAL	35,270	38,659	39,392	40,950	45,779	11.7%	16.2%
Medically Needy							
Aged	415	456	507	546	718		
Blind & Disabled	1,876	2,065	2,239	2,296	1,617		
Children	5,489	8,436	12,152	13,397	22,887		
Caretaker & Pregnant Women	5,015	7,600	10,618	13,162	31,938		
Other Title XIX Recipients	14,271	15,309	15,652	15,142	10,313		
SUBTOTAL	27,066	33,866	41,168	44,543	67,473	52.1%	63.9%
Other Coverage Groups Created Prior to 1998							
Aged	1,230	1,435	1,742	2,143	3,241		
Blind & Disabled	220	304	439	769	1,706		
Children	45,130	50,793	51,661	50,680	42,631		
Caretaker & Pregnant Women	11,671	11,802	12,050	11,454	8,563		
Other Title XIX Recipients	5	1		13	4		
SUBTOTAL	58,256	64,335	65,892	65,059	56,145	13.1%	-14.8%
Coverage Group Created by the Medicare Catastrophic Coverages Act of 1998 and Later							
Aged	7,664	7,582	7,496	7,607	7,465		
Blind & Disabled	4,521	4,629	4,660	4,750	4,640		
Children		13,442	27,071	35,958	34,054		
Other Title XIX Recipients*	5,002	17,331	32,758	42,867	45,455		
SUBTOTAL	17,187	42,984	71,985	91,182	91,614	318.8%	27.3%
TOTAL	297,866	321,174	353,110	370,477	383,915	18.5%	8.7%

* Includes Family Planning Waiver and Specified Low-income Medicare Beneficiaries.

Source: EDS for the Arkansas Medicaid agency.



CALIFORNIA





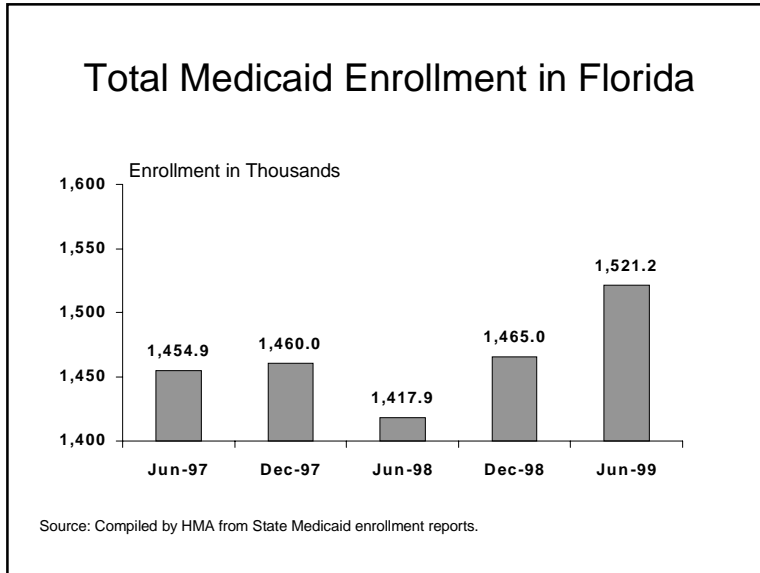
CALIFORNIA (CONT.)

California (Medi-Cal) Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Public Assistance							
Aged	364,723	362,698	363,616	364,428	368,008	-0.3%	1.2%
Blind	25,944	25,893	26,140	26,086	25,976	0.8%	-0.6%
Disabled	719,710	723,468	734,737	740,653	749,589	2.1%	2.0%
Families	2,622,024	2,444,987	2,401,221	2,402,697	2,193,822	-8.4%	-8.6%
TOTAL	3,732,401	3,557,046	3,525,714	3,533,864	3,337,395	-5.5%	-5.3%
Medically Needy							
Aged	115,821	115,477	116,605	116,151	118,014	0.7%	1.2%
Blind	777	756	778	802	777	0.1%	-0.1%
Disabled	69,012	60,170	59,816	60,868	60,443	-13.3%	1.0%
Families	506,655	519,516	533,363	515,501	748,637	5.3%	40.4%
TOTAL	692,265	695,919	710,562	693,322	927,871	2.6%	30.6%
Medically Indigent							
MI Adult	11,326	10,555	10,926	10,221	10,536	-3.5%	-3.6%
MI Child	278,041	250,972	254,528	240,450	243,122	-8.5%	-4.5%
TOTAL	289,367	261,527	265,454	250,671	253,658	-8.3%	-4.4%
Refugees and Aliens	248,211	224,239	226,092	219,160	215,664	-8.9%	-4.6%
Poverty-Related Groups							
100% Poverty	31,541	35,804	51,299	69,275	87,035	62.6%	69.7%
133% Poverty	88,518	89,907	93,979	104,795	117,143	6.2%	24.6%
185% Poverty	91,184	92,437	94,419	103,465	112,221	3.5%	18.9%
200% Poverty	939	917	858	844	847	-8.6%	-1.3%
Presumptive Elig	1	1	6	-	-		
TOTAL	212,183	219,066	240,561	278,379	317,246	13.4%	31.9%
QMB-only	3,865	4,237	4,725	5,491	5,483	22.3%	16.0%
Other Groups							
TB Program	504	585	567	521	562		
Minor Consent - Medicaid	191	6,664	7,250	7,046	7,019		
TOTAL	695	7,249	7,817	7,567	7,581		-3.0%
TOTAL Medi-Cal MEDICAID	5,178,987	4,969,283	4,980,925	4,988,454	5,064,898	-3.8%	1.7%
Total State-only Medi-Cal	373	6,688	6,343	3,043	2,388		
TOTAL Medi-Cal	5,179,360	4,975,971	4,987,268	4,991,497	5,067,286		

Source: Medical Care Statistics Section, California Department of Health Services.

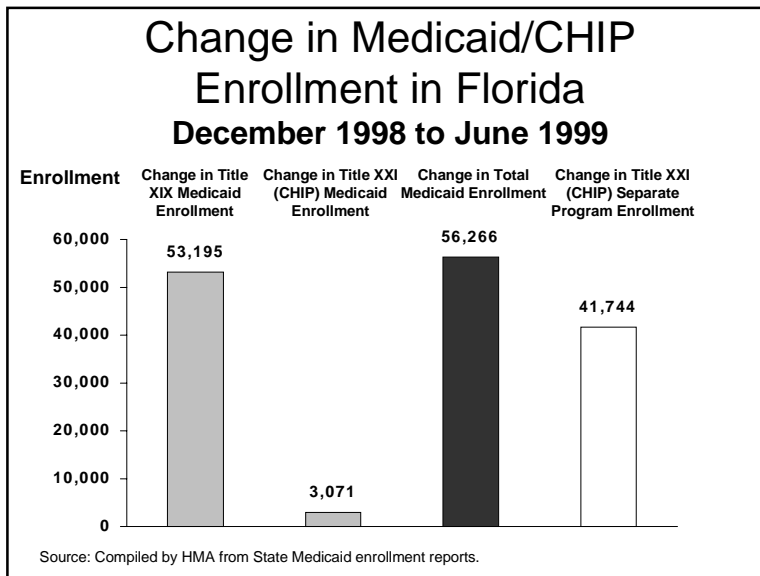


FLORIDA



Note:

A portion of recent increases in Florida's Medicaid enrollment can be attributed to the more than 58,000 women enrolled in the state's family planning waiver program. As in Arkansas, Florida has implemented a program to provide limited Medicaid benefits to women who had previously received full Medicaid coverage and were pregnant before losing coverage. Under Florida's family planning waiver, these individuals receive up to two years of limited Medicaid coverage for family planning services.





FLORIDA (CONT.)

Florida Medicaid Data						June 97 to June 98	June 98 to June
PROGRAM-GROUP	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99		
SSI	403,474	414,391	429,501	429,943	433,103	6.5%	0.8%
Elderly and Disabled	84,953	84,471	82,677	83,738	85,914	-2.7%	3.9%
SOBRA Child (under FPL)	178,772	182,792	167,011	196,149	240,341	-6.6%	43.9%
AFDC	615,968	592,470	532,481	512,506	473,652	-13.6%	-11.0%
AFDC - Unemployed Parent	25,873	56,123	65,327	64,354	59,103	152.5%	-9.5%
Med. Needy	13,734	14,031	12,297	12,447	13,827	-10.5%	12.4%
Refugee	3,407	4,211	3,550	4,741	5,964	4.2%	68.0%
Qualified Medicare Beneficiary	35,857	37,844	38,793	40,649	42,847	8.2%	10.5%
SOBRA Pregnant Women Under Poverty Level	32,477	31,419	31,603	30,177	30,373	-2.7%	-3.9%
SOBRA Child over FPL (up to 185% under age one, up to 133% up to age 6)	27,987	28,025	27,677	31,955	40,061	-1.1%	44.7%
SOBRA Pregnant Women Up to 185% of FPL	9,313	9,018	9,299	9,374	9,926	-0.2%	6.7%
Family Planning Waiver Public Medical Assistance	23,117	5,168	3,296	2,923	2,951	-85.7%	-10.5%
Medicaid Expansion for CHIP Ages 15-19)			14,342	24,662	24,733		72.5%
TOTALS	1,454,932	1,459,963	1,417,854	1,464,950	1,521,216	-2.5%	7.3%
Total Without Medicaid Expansion for CHIP Ages 15-19	1,454,932	1,459,963	1,403,512	1,440,288	1,496,483	-3.5%	6.6%

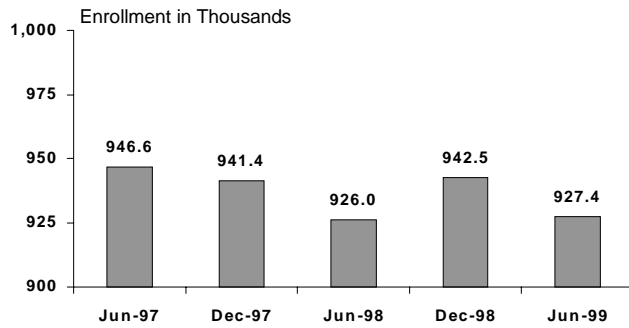
Source: Electronic file from Florida's Agency for Health Care Administration.

Note: This is one scheme by which Florida aggregates its Medicaid enrollees. However, Florida also keeps monthly detail by nearly 170 discrete categories. The SSI and AFDC categories in this table include more individuals than those receiving current cash assistance from AFDC and SSI do. For example, SSI also includes individuals who would be eligible for SSI if some of their cost-of-living increases from Social Security benefits were not counted.



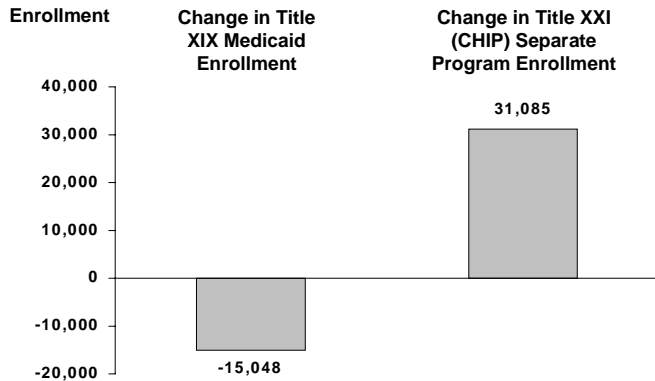
GEORGIA

Total Medicaid Enrollment in Georgia



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Georgia December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



GEORGIA (CONT.)

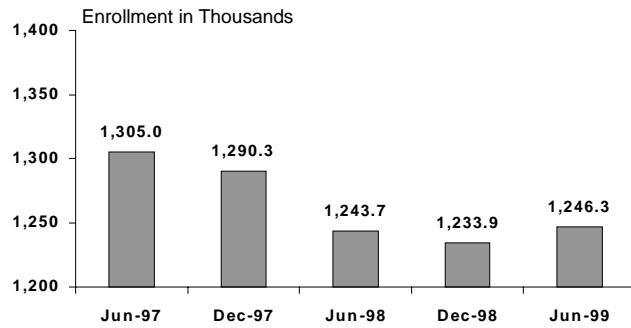
Georgia Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
SSI/DMP	205,660	206,701	208,286	207,843	206,886	1.3%	-0.7%
AFDC/DMP	252,929	217,947	184,852	169,730	153,349	-39.4%	-17.0%
Intermediate Care	19,248	19,357	19,057	24,525	26,027	35.2%	36.6%
Medicaid Only	432,088	459,267	474,947	499,387	494,719	14.5%	4.2%
Optional Medicaid Only	5,226	5,589	5,290	5,112	5,754	10.1%	8.8%
Medically Needy	179	138	131	1,192	3,787	2015.6%	2790.8%
QMB	31,288	32,413	33,403	34,683	36,902	17.9%	10.5%
Total	946,618	941,412	925,966	942,472	927,424	-2.0%	0.2%

Source: Report HMGR155G from the Georgia Medicaid Management Information System.



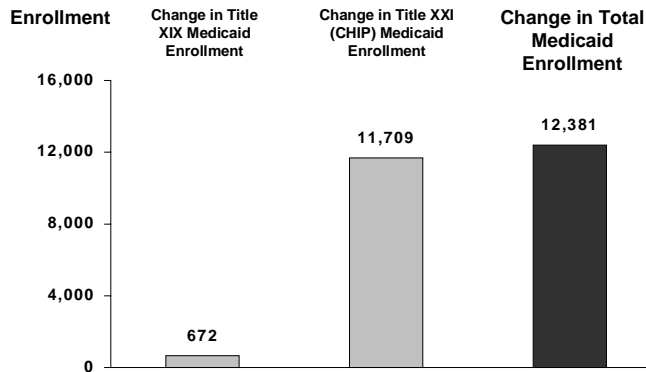
ILLINOIS

Total Medicaid Enrollment in Illinois



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Illinois December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



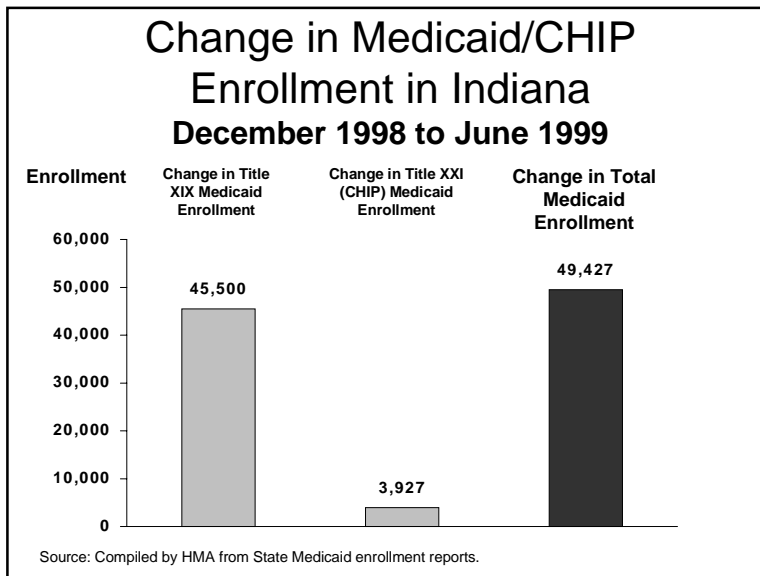
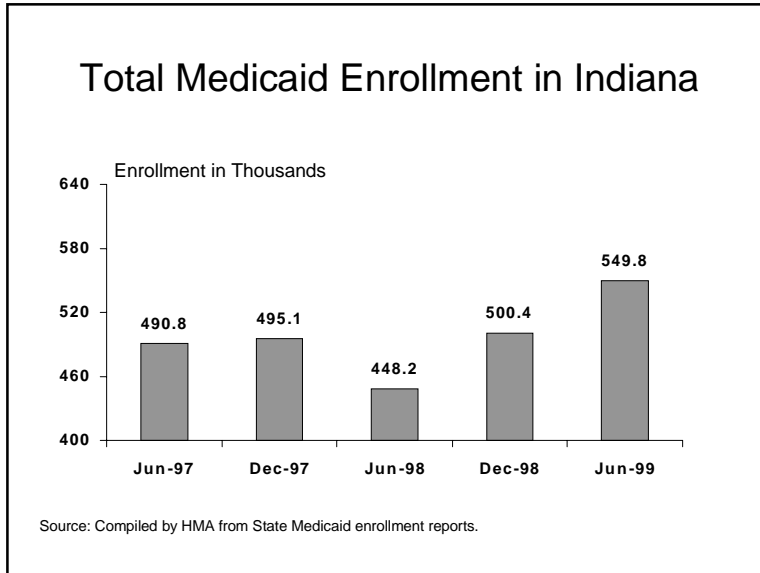
ILLINOIS (CONT.)

Illinois Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Medical Assistance with Grant							
Aged	8,319	8,270	8,230	8,237	8,145	-1.1%	-1.0%
Blind	207	200	197	202	198	-4.3%	0.5%
Disabled	38,164	36,257	34,811	33,869	32,933	-13.7%	-5.4%
AFDC	575,757	550,534	482,650	414,872	344,955	-40.1%	-28.5%
TOTAL	622,447	595,261	525,888	457,180	386,231	-37.9%	-26.6%
Medical Assistance No Grant							
Aged	91,694	91,847	90,649	90,442	90,144	-1.7%	-0.6%
Blind	1,071	1,047	1,046	1,031	1,013	-5.4%	-3.2%
Disabled	217,024	215,984	216,622	217,429	219,549	1.2%	1.4%
AFDC	307,360	314,918	336,929	384,096	473,212	54.0%	40.4%
AFDC EXTENSIONS	65,420	71,223	72,569	83,731	76,141	16.4%	4.9%
TOTAL	682,569	695,019	717,815	776,729	860,059	26.0%	19.8%
TOTAL	1,305,016	1,290,280	1,243,703	1,233,909	1,246,290	-4.5%	0.2%

Source: Illinois Department of Human Services monthly report,
Number of Persons Eligible to Receive Assistance.



INDIANA



Note:

Indiana's Medicaid enrollment declined from June 1997 to June 1998. In July 1998, however, Indiana began an aggressive outreach initiative for "Hoosier Healthwise". While this initiative included Indiana's program of expanded eligibility for children and pregnant women, the outreach targeted all eligible families with children. Indiana has also significantly streamlined its enrollment procedures.



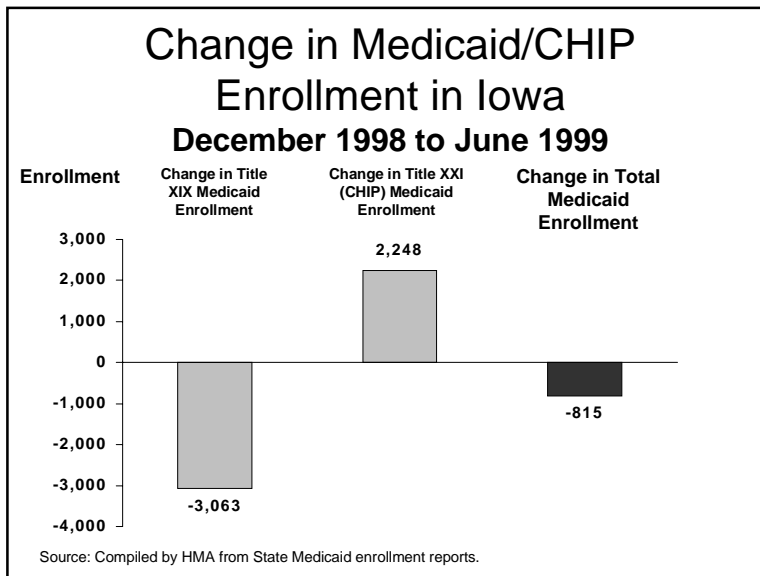
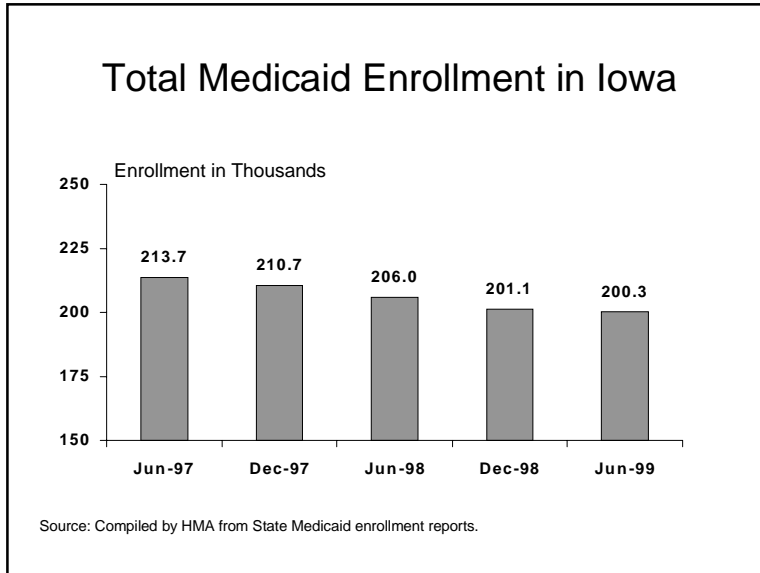
INDIANA (CONT.)

Indiana Medicaid Data						June 97 to June 98	June 98 to June 99
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99		
Aged, Blind, and Disabled							
Aged	51,580	51,745	48,531	49,949	50,634		
Blind	1,040	1,039	1,024	1,050	1,077		
Disabled	59,162	58,564	54,980	57,304	58,938		
TOTAL Aged, Blind, and Disabled	111,782	111,348	104,535	108,303	110,649	-6.5%	5.8%
LIF (Low-Income Families)							
Low-Income Families (LIF)	126,603	124,612	98,568	113,775	130,264		
Transitional Medical Assistance	17,796	9,108	6,504	15,557	21,865		
LIF Deemed Income	1,094	811	372	84	8		
LIF Sibling Income	2,249	1,859	684	48	6		
LIF Children 18-20	1,634	1,636	1,906	1,919	2,271		
LIF SSI	13,205	12,713	11,296	12,589	13,142		
TOTAL LIF	162,581	150,739	119,330	143,972	167,556	-26.6%	40.4%
Medicare Cost-Sharing Groups							
Qualified Individual I	0	0	81	751	1,143		
SLMB	14,567	15,839	11,542	12,564	13,395		
Qualified Individual II	0	0	69	696	1,178		
QMB	54,365	54,361	52,200	54,750	55,028		
TOTAL Medicare Cost Sharing	68,932	70,200	63,892	68,761	70,744	-7.3%	10.7%
Non-LIF Children							
Newborns of Recipients	28,331	27,614	27,023	29,281	30,158		
Institutional Children	102	91	92	99	78		
Wards	1,584	638	143	72	78		
IV-E Foster Children	5,559	5,516	5,696	5,762	5,641		
IV-E Adoption	2,850	3,107	3,373	3,628	3,806		
Under 1 & Below 150% FPL	2,100	2,037	1,903	2,185	2,526		
Age 1-5 & Below 133% FPL	46,398	46,639	41,901	43,409	48,690		
Age 6-18 & Below 100% FPL	43,177	60,976	61,598	65,649	75,467		
CHIP Expansion Age 1-18 & Below 150% FPL	0	0	3,049	15,670	20,650		
TOTAL non-LIF Children	130,101	146,618	144,778	165,755	187,094	11.3%	29.2%
Pregnancy Groups							
Extended for Pregnancy	3,198	2,816	2,970	1,806	1,601		
Full-Range for Pregnancy	4,089	4,528	3,963	3,421	3,583		
Limited for Pregnancy (< 150% FPL)	8,950	7,554	7,503	7,175	7,380		
TOTAL Pregnancy	16,237	14,898	14,436	12,402	12,564	-11.1%	-13.0%
Other							
Refugee Assistance	173	244	203	136	96		
Room & Board Assistance Medicaid	1,009	1,047	1,046	1,067	1,120		
TOTAL Other	1,182	1,291	1,249	1,203	1,216	5.7%	-2.6%
TOTAL MEDICAID	490,815	495,094	448,220	500,396	549,823	-8.7%	22.7%
State-Funded Assistance to Residents in County Homes							
Aged	151	161	155	156	137		
Blind & Disabled	343	345	361	367	356		
TOTAL	494	506	516	523	493		

Source: Indiana Client Eligibility System, Indiana Family and Social Services Administration.



IOWA





IOWA (CONT.)

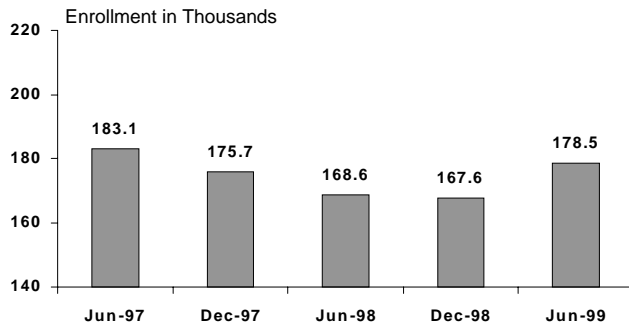
Iowa Medicaid Data							
Aid Category	*Jul-97 used in place of					June 97 to June 98	June 98 to June 99
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99		
SSI-Related Groups							
Aged	7,911	7,772	7,465	7,339	7,067		
Blind & Disabled	34,710	34,312	34,066	33,688	33,514		
Social Sec Inc Exempt	614	674	679	664	665		
SSI Subtotal	43,235	42,758	42,210	41,691	41,259	-2.4%	-2.3%
ADC (including ADC-Unemployed Parent)							
ADC Adult	34,288	32,899	31,346	29,725	28,616		
ADC Child	60,642	58,460	59,049	56,873	54,821		
ADC Subtotal	94,930	91,359	90,395	86,598	83,437	-4.8%	-7.7%
300% of SSI							
Intermediate Care Facility (ICF) Aged	12,490	13,120	12,484	12,999	13,212		
ICF Blind & Disabled	328	328	479	504	478		
Non ICF	1,071	1,146	1,124	1,148	1,281		
Subtotal 300% of SSI	13,889	14,594	14,087	14,651	14,971	1.4%	6.3%
Medically Needy							
Child	823	752	604	232	169		
Adult	2,900	3,725	3,280	3,155	3,491		
Caretaker	904	836	753	635	658		
Subtotal - Medically Needy	4,627	5,313	4,637	4,022	4,318	0.2%	-6.9%
Percent of Poverty Children & Pregnant Women							
SOBRA Pregnant Women	4,760	4,818	4,933	4,720	4,252		
SOBRA Infants	4,735	4,856	4,815	4,757	4,705		
SOBRA Children	19,159	19,060	18,885	18,910	21,894		
Presumptive Elig. Pregnant Women	360	357	397	324	381		
Subtotal SOBRA & Presumptive	29,014	29,091	29,030	28,711	31,232	0.1%	7.6%
Qualified Medicare Beneficiaries (QMB)							
QMB Aged	3,765	3,295	3,209	3,258	3,094		
QMB Blind & Disabled	2,129	1,880	1,983	2,170	2,185		
Subtotal QMB	5,894	5,175	5,192	5,428	5,279	-11.9%	1.7%
Other Groups							
State Supplemental	1,184	1,152	1,299	1,251	1,239		
Foster Care	4,666	4,753	4,551	4,300	4,361		
Adoption Subsidy	1,524	1,717	1,915	2,115	2,293		
(All Other) CMAP	7,351	7,451	4,533	3,582	3,351		
Non 300 % ICF	3,202	3,169	3,658	3,507	3,222		
Total Federal Only	849	822	622	595	267		
ICF- Mentally Retarded	3,258	3,346	3,836	4,607	5,018		
Mental Health Institute	50	48	10	9	5		
Subtotal - Other Groups	22,084	22,458	20,424	19,966	19,756	-7.5%	-3.3%
TOTAL IOWA MEDICAID	213,673	210,748	205,975	201,067	200,252	-3.6%	-2.8%
State- only Groups							
Presub/Sub Ad IV-E (State)	143	132	134	116	117		
SUB-TOTAL H (FC - State)	100	98	108	119	92		
SUB-TOTAL I (Dep Person - State)	778	768	738	724	706		
(Under 21) PMIC (or MHI) (State)	7	8	0	0	0		
Undefined (Other - State)	18	22	26	1	1		
Subtotal State-Only Groups	1,046	1,028	1,006	960	916	-3.8%	-8.9%
GRAND TOTAL	214,719	211,776	206,981	202,027	201,168	-3.6%	-2.8%

Source: Iowa DHS



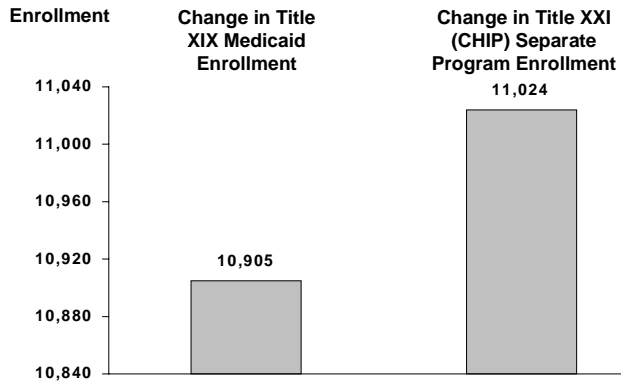
KANSAS

Total Medicaid Enrollment in Kansas



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Kansas December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



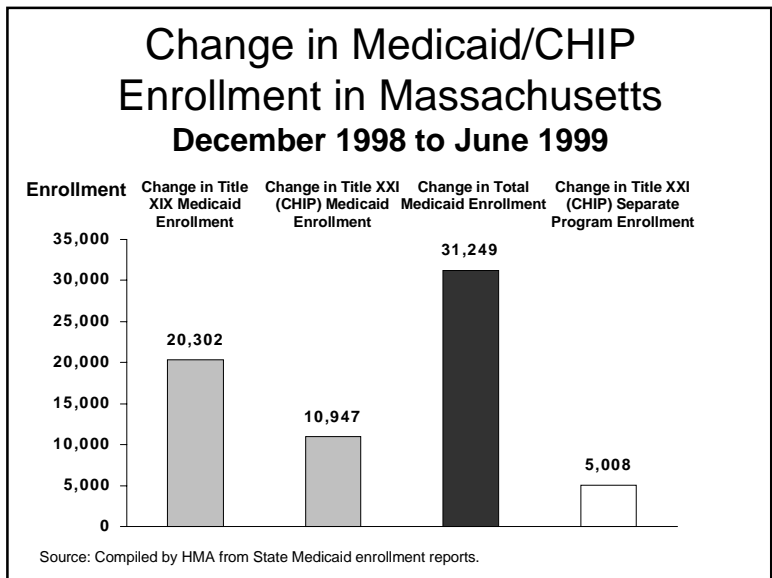
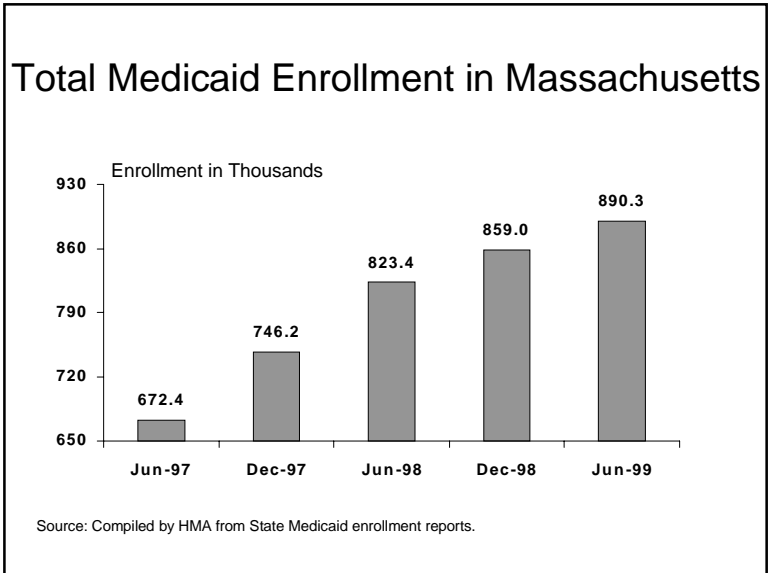
KANSAS (CONT.)

Kansas Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
SSI							
SSI Aged	6,931	6,905	6,786	6,802	6,772	-2.1%	-0.2%
SSI Blind/Disabled	28,919	28,193	28,216	28,326	28,449	-2.4%	0.8%
SSI Total	35,850	35,098	35,002	35,128	35,221	-2.4%	0.6%
Families and Children							
AFDC/TANF							
AFDC/TANF cash assistance	43,932	36,513	29,435	28,106	29,862		
AFDC/TANF Extended Medical	21,081	18,833	16,030	12,053	9,788		
Caretaker Medical					719		
<i>AFDC/TANF Subtotal</i>	<i>65,013</i>	<i>55,346</i>	<i>45,465</i>	<i>40,159</i>	<i>40,369</i>	<i>-30.1%</i>	<i>-11.2%</i>
Foster Care and Adoption							
Youth Services	6,874						
FC-FFP Total		2,290	2,316	2,408	2,349		
FC-Non-FFP Total		2,949	3,146	3,289	3,495		
Adoption Support		2,444	2,641	2,851	3,050		
<i>Foster Care & Adopt Sub-total</i>	<i>6,874</i>	<i>7,683</i>	<i>8,103</i>	<i>8,548</i>	<i>8,894</i>	<i>17.9%</i>	<i>9.8%</i>
Special Pregnant Women/Children	47,293	48,592	50,782	53,399	63,019	7.4%	24.1%
Total Families and Children	119,180	111,621	104,350	102,106	112,282	-12.4%	7.6%
Medically Needy & QMB							
Med. Needy Aged	15,265	16,162	15,982	16,300	16,419		
QMB/QWD	5,265	4,696	4,686	5,012	5,288		
Med. Needy Blind/Disabled	6,933	7,415	8,114	8,539	9,057		
Med. Needy Families	552	504	409	446	179		
Total Medically Needy & QMB	28,015	28,777	29,191	30,297	30,943	4.2%	6.0%
Other	99	175	98	90	80	-1.0%	-18.4%
Total Medicaid	183,144	175,671	168,641	167,621	178,526	-7.9%	5.9%
State-funded Medical Assistance	2,157	2,199	2,210	2,151	1,997	2.5%	-9.6%
Total Medicaid & State Medical Ass't.	185,301	177,870	170,851	169,772	180,523	-7.8%	5.7%

Source: *Medical Assistance Report*, Kansas Department of Social and Rehabilitation Services, Administrative Services Commission, Strategic Planning and Support Service, Data and Reports Unit.



MASSACHUSETTS



Note:

Massachusetts has been granted an 1115 waiver that allows the state to cover individuals in categories that would not normally be covered by Medicaid. The waiver includes numerous eligibility expansions which were phased in throughout the study period and contributed to the steady increase in enrollment (over 32%) throughout the study period.



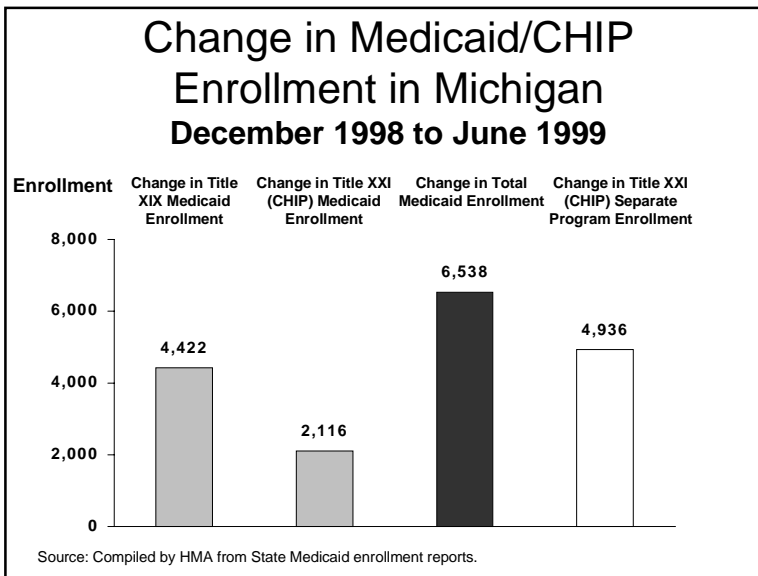
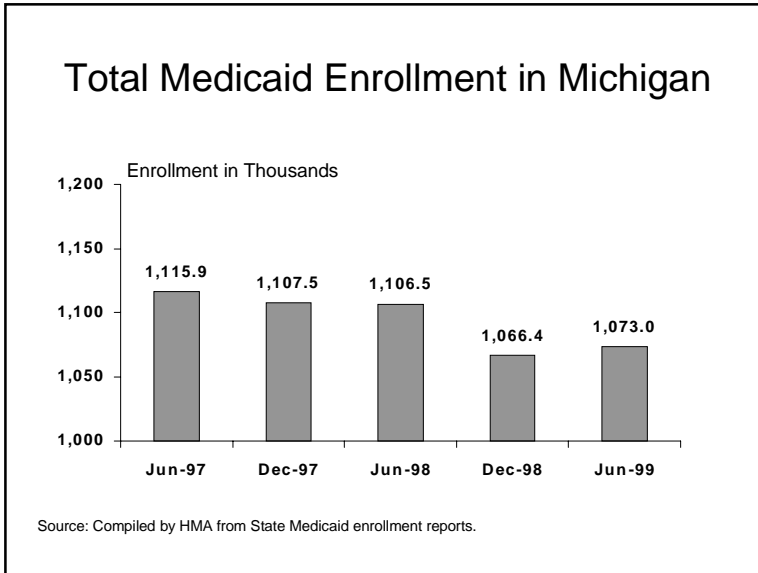
MASSACHUSETTS (CONT.)

Massachusetts Medicaid Data (MassHealth)							
					June 97 to June 98	June 98 to June 99	
		Jun-97	Jun-98	Dec-98	Jun-99		
Standard	Families: Adults	124,468	168,574	166,742	166,419		
	Families: Children	287,158	333,765	340,959	353,079		
	<i>Total Family</i>	<i>411,626</i>	<i>502,339</i>	<i>507,701</i>	<i>519,498</i>	22.0%	3.4%
	Disabled: Adults	125,174	140,291	140,586	141,722		
	Disabled: Children	16,906	17,947	19,081	17,428		
	<i>Total Disabled</i>	<i>142,080</i>	<i>158,238</i>	<i>159,667</i>	<i>159,150</i>	11.4%	0.6%
	TOTAL STANDARD	553,706	660,577	667,368	678,648	19.3%	2.7%
Basic (NSBP)	Unemployed/EAEDC		39,856	48,139	56,224		
	Qualified Aliens: Adults		2,069	2,353	2,211		
	Qualified Aliens: Children		1,210	1,157	692		
	TOTAL BASIC (NSBP)	-	43,135	51,649	59,127		37.1%
CommonHealth	Children	1,768	1,755	1,857	2,239		
	Working Adults	1,898	1,866	2,508	3,199		
	Non-Working Adults		649	1,136	2,273		
	TOTAL COMMONHEALTH	3,666	4,270	5,501	7,711	16.5%	80.6%
Family Assistance	Premium Assist.: Adults				190		
	Premium Assist.: Children			611	1,518		
	Purchase of Benefits (Dir. Coverage): Adults			37	130		
	Purchase of Benefits (Dir. Coverage): Children			9,939	13,518		
	TOTAL FAMILY ASSISTANCE	-	-	10,587	15,356		
Limited	LIMITED: Adults		2,730	4,945	7,412		
	LIMITED: Children		786	2,093	3,408		
	TOTAL LIMITED	-	3,516	7,038	10,820		207.7%
Prenatal	(Presumptively Eligible)		524	242	291		-44.5%
Seniors		101,758	99,989	99,738	100,342	-1.7%	0.4%
Other		13,274	10,002	11,102	13,173	-24.6%	31.7%
TOTAL MassHealth MEMBERS - Medicaid		672,404	822,013	855,430	890,274	22.2%	8.3%
State-Only MassHealth - Total		14,550	1,350	3,595	5,960	-90.7%	341.5%
Total MassHealth - including Non-Medicaid		686,954	823,363	859,025	896,234	19.9%	8.9%
<i>Health Reform Total</i>		<i>557,372</i>	<i>711,498</i>	<i>744,348</i>	<i>776,468</i>	27.7%	9.1%

Source: Massachusetts Division of Medical Assistance - *All MassHealth Members - Snapshot Report*.



MICHIGAN





MICHIGAN (CONT.)

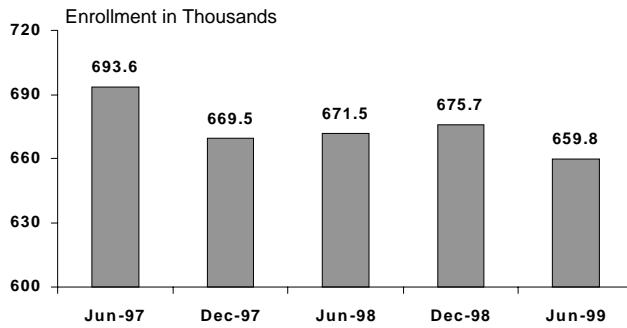
Michigan Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Cash Assistance							
SSI Aged Persons	22,752	22,289	21,840	21,535	21,185	-4.0%	-3.0%
SSI Blind & Disabled	188,391	185,391	188,628	189,655	190,343	0.1%	0.9%
AFDC Total Persons	430,561	391,897	335,441	275,184	240,301	-22.1%	-28.4%
Total With Cash Assistance	641,704	599,577	545,909	486,374	451,829	-14.9%	-17.2%
Without Cash Assistance							
Medically Needy							
Aged Persons	56,651	57,611	57,549	58,979	59,800	1.6%	3.9%
Blind & Disabled							
Persons	52,233	56,003	54,203	56,202	57,176	3.8%	5.5%
Families and Children	193,468	222,300	255,890	256,164	250,241	32.3%	-2.2%
Poverty Related Children & Pregnant Women							
	171,847	171,962	192,916	208,700	253,911	12.3%	31.6%
Total Without Cash Assistance	474,199	507,876	560,558	580,045	621,128	18.2%	10.8%
TOTAL	1,115,903	1,107,453	1,106,467	1,066,419	1,072,957	-0.8%	-3.0%

Source: "Public Assistance Statistics", Michigan Family Independence Agency, Data Reporting Unit.



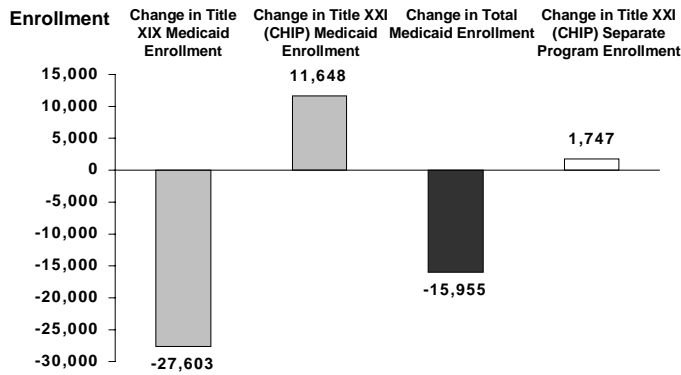
NEW JERSEY

Total Medicaid Enrollment in New Jersey



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in New Jersey December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.

Note:

See correction on the following page.

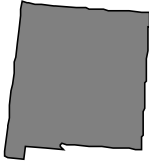


NEW JERSEY (CONT.)

New Jersey Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Cash							
Aged	33,462	33,171	32,917	32,748	32,670	-1.6%	-0.8%
AFDC	239,909	218,743	197,119	178,704	155,882	-17.8%	-20.9%
Disabled	122,249	121,162	122,591	122,672	122,485	0.3%	-0.1%
Total with Cash Assistance	395,620	373,076	352,627	334,124	311,037	-10.9%	-11.8%
Non-Cash							
Aged	46,126	47,378	47,346	47,655	46,866	2.6%	-1.0%
Disabled	25,849	27,475	28,146	28,957	29,712	8.9%	5.6%
AFDC	102,476	107,213	109,490	109,874	107,501	6.8%	-1.8%
Foster Care	15,073	15,104	15,461	15,616	16,127	2.6%	4.3%
Presumptive Eligibility Pregnant Women	3,111	4,530	5,042	3,187	3,011	62.1%	-40.3%
SOBRA Kids	70,967	77,880	87,486	100,216	116,473	23.3%	33.1%
SOBRA Pregnant Women	12,631	12,091	12,818	11,325	9,567	1.5%	-25.4%
Total Without Cash Assistance	276,233	291,671	305,789	316,830	329,257	10.7%	7.7%
CHIP Kids			8,851	23,150	36,904		
TOTALS	671,853	664,747	667,267	674,104	677,198	-0.7%	1.5%

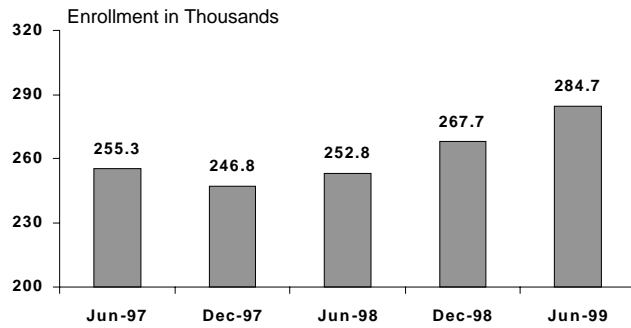
Source: Electronic file from the New Jersey Medicaid agency.

Note: Data for New Jersey were corrected just prior to publication of this report. The New Jersey data in the summary tables in this report does not reflect this correction. The table above does, however.



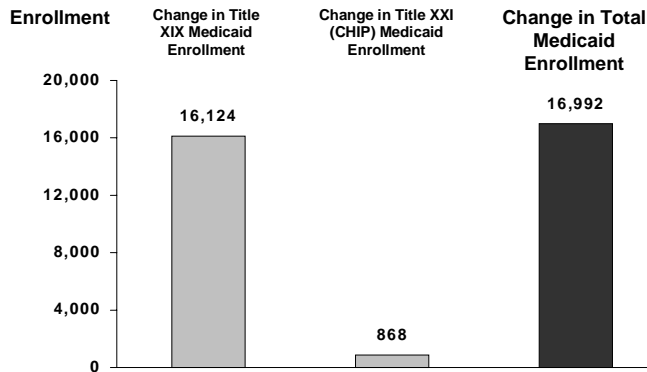
NEW MEXICO

Total Medicaid Enrollment in New Mexico

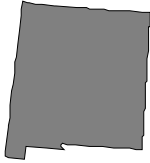


Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in New Mexico December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



NEW MEXICO (CONT.)

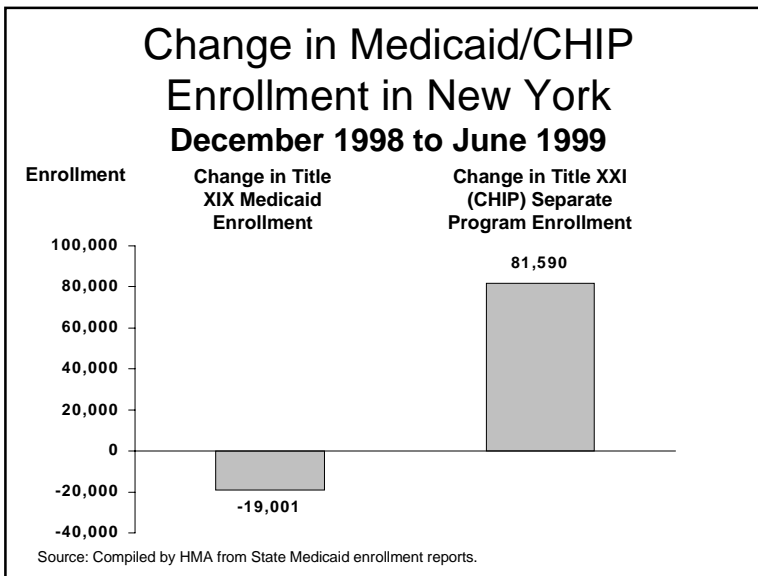
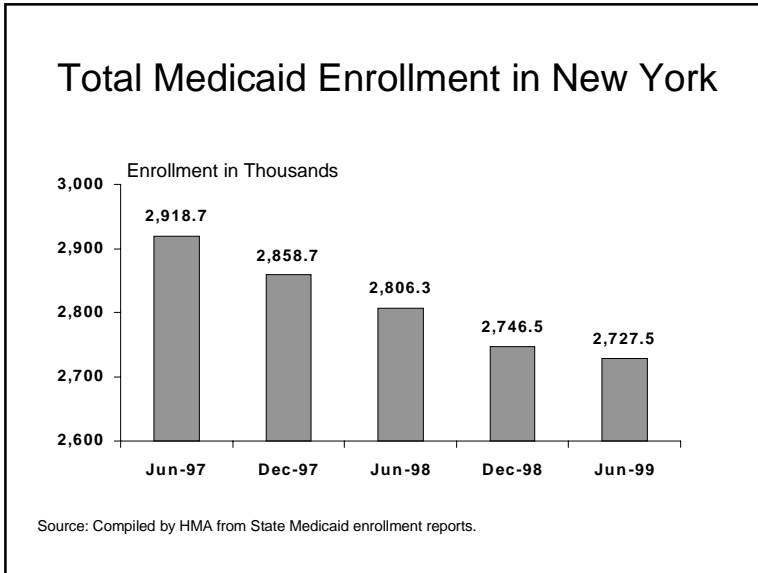
New Mexico Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
NMW/AFDC							
Adults	20,946	17,731	21,727	22,293	18,684	3.7%	-14.0%
Children	58,340	45,797	54,072	58,207	50,880	-7.3%	-5.9%
TOTAL	79,286	63,528	75,799	80,500	69,564	-4.4%	-8.2%
SSI							
Adults	40,450	40,237	40,044	40,421	40,861	-1.0%	2.0%
Children	7,634	7,293	7,208	7,084	7,035	-5.6%	-2.4%
TOTAL	48,084	47,530	47,252	47,505	47,896	-1.7%	1.4%
Pregnant Women and Children							
Adults	4,639	4,709	4,324	8,870	14,182	-6.8%	228.0%
Children	60,770	63,808	62,276	62,034	72,827	2.5%	16.9%
TOTAL	65,409	68,517	66,600	70,904	87,009	1.8%	30.6%
Institutional Care							
Adults	3,928	4,136	4,000	4,490	4,436	1.8%	10.9%
Children	13	13	10	14	2	-23.1%	-80.0%
TOTAL	3,941	4,149	4,010	4,504	4,438	1.8%	10.7%
Home and Community Based Waiver							
Adults	874	930	948	1,096	1,059	8.5%	11.7%
Children	208	178	167	187	191	-19.7%	14.4%
TOTAL	1,082	1,108	1,115	1,283	1,250	3.0%	12.1%
CPS (Children's Protective Services)							
	458	528	415	366	371	-30.7%	1.4%
All other							
Adults	9,855	9,193	8,490	7,900	10,560	-14.1%	33.7%
Children	47,185	52,247	49,078	54,751	63,617	4.8%	16.2%
TOTAL	57,040	61,440	57,568	62,651	74,177	2.0%	18.4%
GRAND TOTALS							
Adults	80,692	76,936	79,533	85,070	89,782	10.6%	5.5%
Children	174,608	169,864	173,226	182,643	194,923	7.5%	6.7%
TOTAL	255,300	246,800	252,759	267,713	284,705	8.5%	6.3%

Source: "Medicaid Clients by Groups of Eligibility Categories,"
 New Mexico Human Services Department, Medical Assistance Division.

Note: NMW is "New Mexico Works," the TANF program in New Mexico.



NEW YORK





NEW YORK (CONT.)

New York State Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Medicaid and Subsistence							
TANF Children	736,170	711,115	709,728	666,627	592,518	-3.6%	-15.9%
TANF Adults	324,557	300,271	285,608	259,348	241,255	-12.0%	-13.7%
Safety Net Children	39,062	38,117	8,800	11,730	11,049	-77.5%	5.8%
Safety Net Adults	182,961	139,507	143,388	131,494	122,435	-21.6%	-11.5%
SSI Aged	167,923	166,682	166,506	166,412	164,244	-0.8%	-1.3%
SSI Blind and Disabled	465,346	462,559	470,428	475,719	480,726	1.1%	2.2%
TOTAL	1,916,019	1,818,251	1,784,458	1,711,330	1,612,227	-6.9%	-9.0%
Medicaid Only							
TANF Children	435,442	430,213	432,583	450,698	517,357	-0.7%	19.5%
TANF Adults	130,559	149,999	132,796	138,998	149,846	1.7%	13.1%
Safety Net Children	94,740	100,037	90,295	74,743	69,460	-4.7%	-22.0%
Safety Net Adults	93,935	110,389	117,796	118,023	125,127	25.4%	7.8%
Aged	155,821	157,167	154,874	156,622	155,674	-0.6%	0.5%
Blind and Disabled	90,794	91,931	92,145	94,484	96,202	1.5%	4.5%
Other	1,376	762	1,365	1,610	1,614	-0.8%	18.1%
TOTAL	1,002,667	1,040,498	1,021,854	1,035,178	1,115,280	1.9%	9.3%
TOTALS	2,918,686	2,858,749	2,806,312	2,746,508	2,727,507	-3.9%	-2.7%

Source: New York State Department of Health website:
<http://www.health.state.ny.us/nyshod/medstat/medicaid.htm>

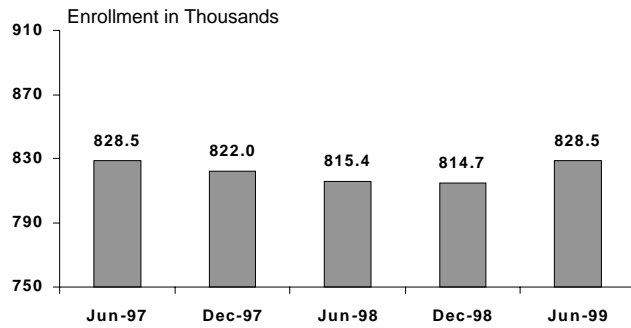
New York City Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Medicaid and Subsistence							
TANF Children	516,516	504,329	514,788	484,172	425,088	-0.3%	-17.4%
TANF Adults	233,321	215,875	208,715	189,594	178,896	-10.5%	-12.8%
Safety Net Children	30,522	30,659	6,973	10,064	9,489	-77.2%	8.2%
Safety Net Adults	141,096	103,371	111,282	101,792	94,469	-21.1%	-11.9%
SSI Aged	124,963	124,361	124,912	125,449	124,172	0.0%	-0.6%
SSI Blind and Disabled	277,439	276,717	281,046	285,834	289,938	1.3%	3.2%
TOTAL	1,323,857	1,255,312	1,247,716	1,196,905	1,122,052	-5.8%	-9.5%
Medicaid Only							
TANF Children	248,438	243,431	236,366	255,084	314,261	-4.9%	31.4%
TANF Adults	59,999	85,128	65,847	72,956	82,306	9.7%	27.4%
Safety Net Children	62,742	66,757	61,191	49,230	44,847	-2.5%	-26.0%
Safety Net Adults	71,062	82,423	85,168	87,441	93,749	19.9%	12.1%
Aged	74,581	76,058	75,198	76,166	75,835	0.8%	0.9%
Blind and Disabled	38,057	38,709	39,764	40,767	41,774	4.5%	5.3%
Other	1,010	630	920	1,109	1,101	-8.9%	17.9%
TOTAL	555,889	593,136	564,454	582,753	653,873	1.5%	16.1%
TOTALS	1,879,746	1,848,448	1,812,170	1,779,658	1,775,925	-3.6%	-1.9%

Source: New York State Department of Health website:
<http://www.health.state.ny.us/nyshod/medstat/medicaid.htm>



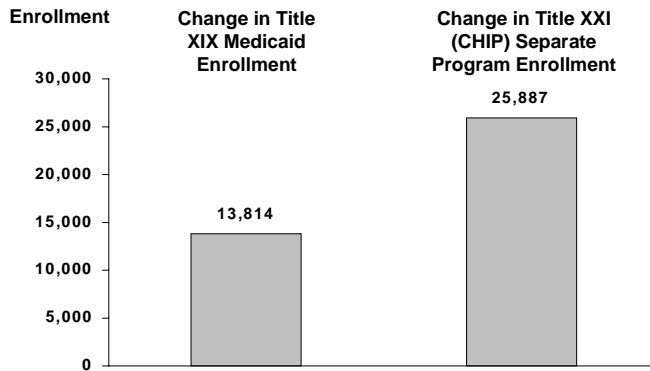
NORTH CAROLINA

Total Medicaid Enrollment in North Carolina



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in North Carolina December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



NORTH CAROLINA (CONT.)

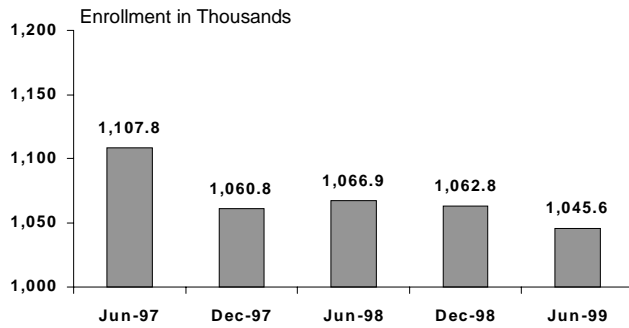
North Carolina Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Aged	106,452	106,184	104,728	102,405	127,221	-1.6%	21.5%
Blind and Disabled	147,483	148,387	151,189	152,587	171,881	2.5%	13.7%
AFDC	519,920	510,910	500,886	495,779	500,144	-3.7%	-0.1%
Other children	2,776	2,899	2,923	2,898	2,929	5.3%	0.2%
Catastrophic	51,539	53,186	55,291	60,449	26,009	7.3%	-53.0%
Aliens	350	413	342	553	301	-2.3%	-12.0%
TOTALS	828,520	821,979	815,359	814,671	828,485	-1.6%	1.6%

Source: Statewide Medicaid Eligibility Printouts from the State of North Carolina.



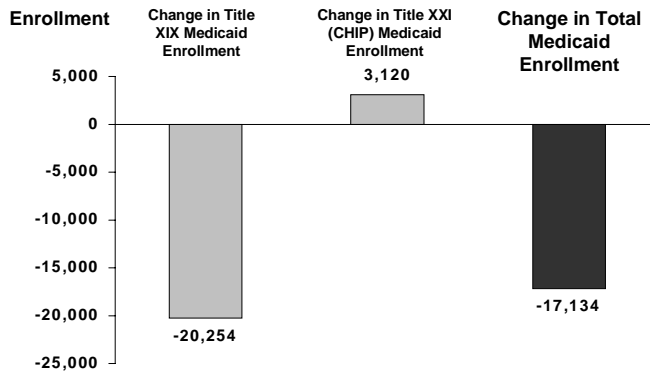
OHIO

Total Medicaid Enrollment in Ohio



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Ohio December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



OHIO (CONT.)

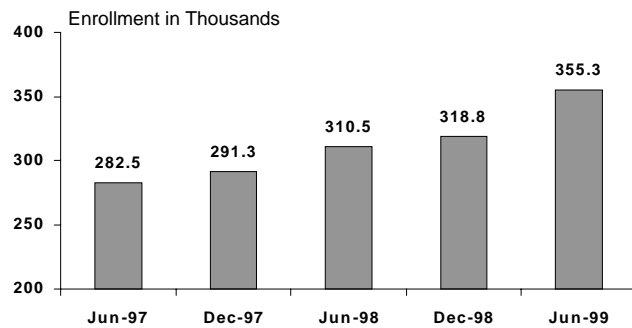
Ohio Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Aged	137,884	137,115	136,869	137,970	136,520	-0.7%	-0.3%
Blind	825	819	840	837	835	1.8%	-0.6%
Disabled	207,850	202,969	201,558	200,873	199,068	-3.0%	-1.2%
TANF / LIF (Low Income Families) /SOBRA	732,350	691,168	697,098	691,358	677,304	-4.8%	-2.8%
Foster Care Maintenance	18,642	17,967	19,227	19,883	19,664	3.1%	2.3%
Adoption Assistance	10,258	10,765	11,352	11,846	12,242	10.7%	7.8%
TOTALS	1,107,809	1,060,803	1,066,944	1,062,767	1,045,633	-3.7%	-2.0%

Source: Report to HMA from the Ohio Department of Human Services, Office of Medicaid,
 Bureau of Medicaid Policy, Health Services Research Section.



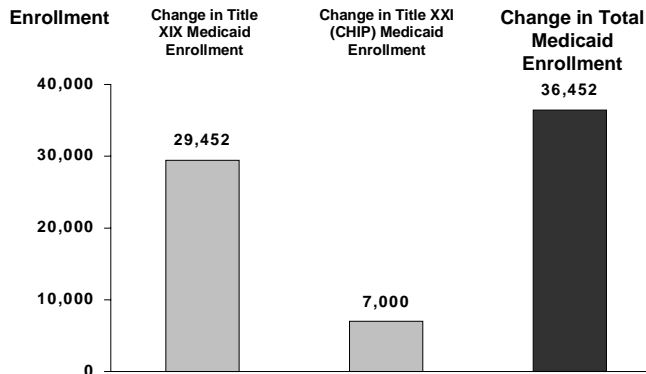
OKLAHOMA

Total Medicaid Enrollment in Oklahoma



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Oklahoma December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.

Note:

During the study period, Oklahoma implemented an eligibility expansion and a major outreach initiative to find and enroll eligible children.



OKLAHOMA (CONT.)

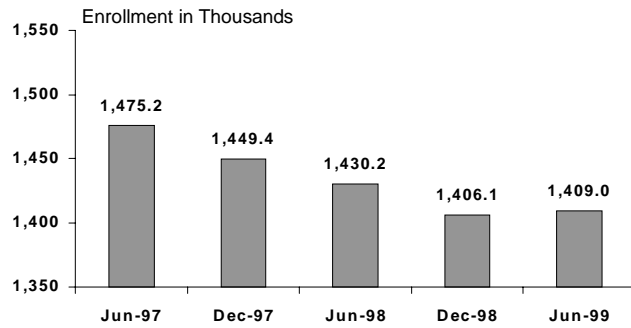
Oklahoma Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Aged, Blind & Disabled (Full Coverage)	95,122	95,786	96,230	97,461	97,382	1.2%	1.2%
TANF/ AFDC	176,340	184,954	203,675	211,257	247,748	15.5%	21.6%
Med. Needy	3,356	2,916	2,969	2,336	2,179	-11.5%	-26.6%
QMB (Medicare Cost- Sharing Only)	7,730	7,684	7,620	7,759	7,956	-1.4%	4.4%
TOTALS	282,548	291,340	310,494	318,813	355,265	9.9%	14.4%

Source: "Medicaid Eligibles & Expenditures S.F.Y. '97 -'99". Oklahoma Health Care Authority.



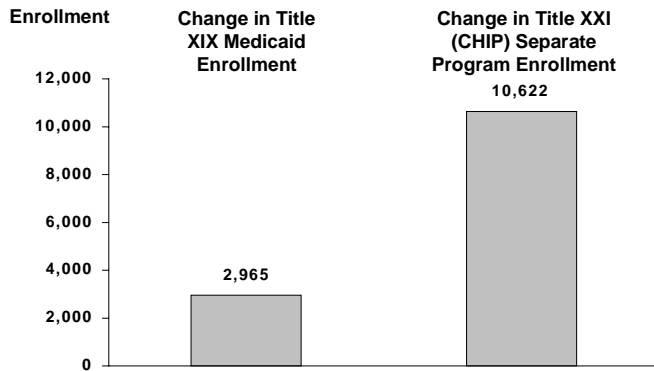
PENNSYLVANIA

Total Medicaid Enrollment in Pennsylvania



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Pennsylvania December 1998 to June 1999



Source: Compiled by HMA from State Medicaid enrollment reports.



PENNSYLVANIA (CONT.)

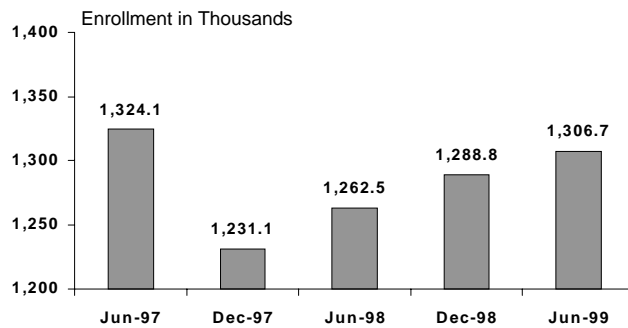
Pennsylvania Medical Assistance Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Cash Assistance							
SSI	274,566	275,212	278,826	282,195	285,444	1.6%	2.4%
TANF	440,072	399,227	360,780	325,684	288,546	-18.0%	-20.0%
General Assistance	73,157	68,538	63,109	58,456	53,689	-13.7%	-14.9%
State Blind Pension	1,180	1,131	1,074	1,015	946	-9.0%	-11.9%
TOTAL	788,975	744,108	703,789	667,350	628,625	-10.8%	-10.7%
No Cash Assistance							
Cat. Needy	535,309	559,814	582,286	598,481	642,705	8.8%	10.4%
Medically Needy	150,873	145,458	144,131	140,251	137,717	-4.5%	-4.5%
TOTAL	686,182	705,272	726,417	738,732	780,422	5.9%	7.4%
GRAND TOTAL	1,475,157	1,449,380	1,430,206	1,406,082	1,409,047	-3.0%	-1.5%

Source: "MA Eligibility Statistics", Commonwealth of Pennsylvania, Department of Public Welfare.



TENNESSEE

Total Medicaid Enrollment in Tennessee

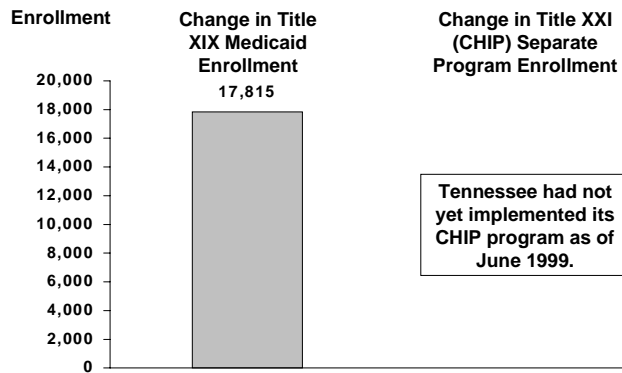


Source: Compiled by HMA from State Medicaid enrollment reports.

Note:

The Tennessee Medicaid program is part of TennCare, which is a demonstration project under a waiver from the federal government. Since TennCare is operated as a Medicaid program under a federal waiver, all TennCare enrollees are considered Medicaid enrollees. However, Tennessee tracks those who meet traditional Medicaid requirements separately from the expansion population of uninsured and uninsurable individuals. These data represent the combination of both groups.

Change in Medicaid/CHIP Enrollment in Tennessee December 1998 to June 1999



Tennessee had not yet implemented its CHIP program as of June 1999.

Source: Compiled by HMA from State Medicaid enrollment reports.



TENNESSEE (CONT.)

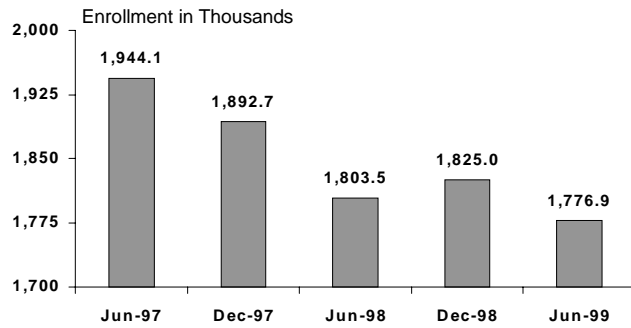
Tennessee Medicaid (TennCare) Enrollment							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Medicaid	842,436	848,474	837,137	839,010	808,762	-0.6%	-3.4%
Uninsured and Uninsurable	481,618	382,597	425,319	449,828	497,891	-11.7%	17.1%
Total TennCare	1,324,054	1,231,071	1,262,456	1,288,838	1,306,653	-4.7%	3.5%

Source: Tennessee state budget agency.



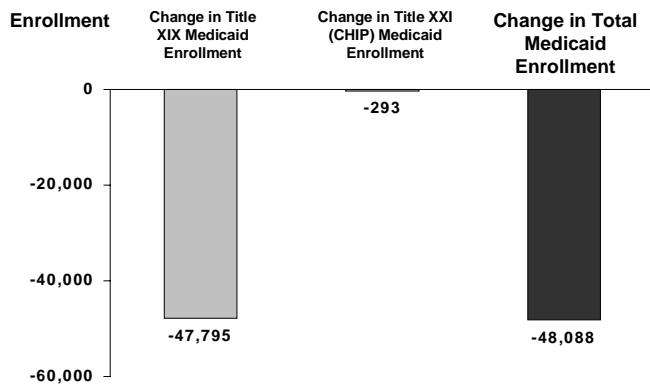
TEXAS

Total Medicaid Enrollment in Texas



Source: Compiled by HMA from State Medicaid enrollment reports.

Change in Medicaid/CHIP Enrollment in Texas December 1998 to June 1999



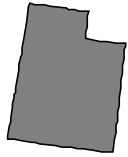
Source: Compiled by HMA from State Medicaid enrollment reports.



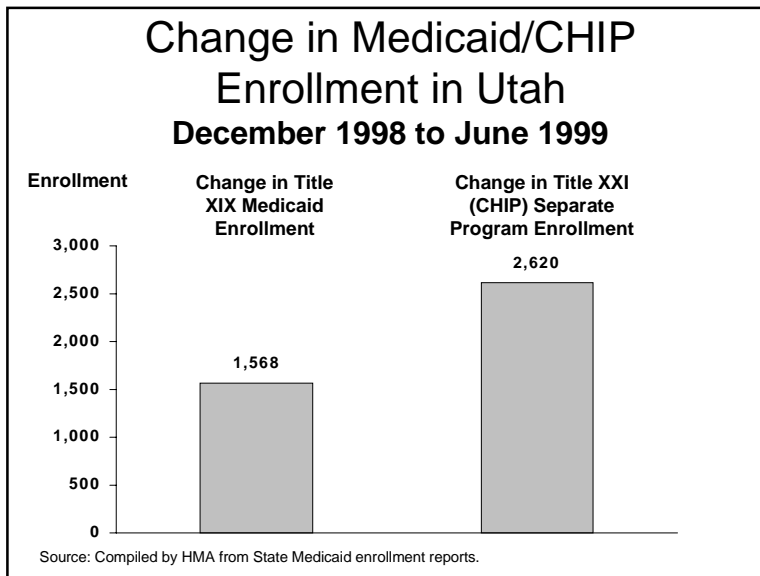
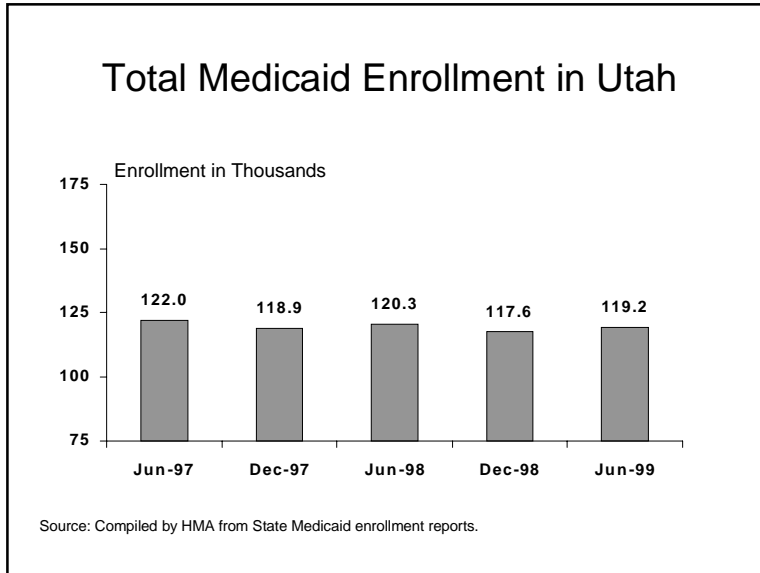
TEXAS (CONT.)

Texas Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Aged & Medicare	303,296	302,759	305,699	308,639	307,318	0.8%	0.5%
Disabled & Blind	193,767	195,737	200,226	200,710	202,193	3.3%	1.0%
TANF Children	507,580	470,964	406,316	374,050	342,381	-20.0%	-15.7%
TANF Adults	182,245	166,307	139,038	123,639	109,356	-23.7%	-21.3%
Pregnant Women	84,411	79,474	83,268	79,049	82,453	-1.4%	-1.0%
Newborns	102,956	105,365	104,497	107,132	106,012	1.5%	1.4%
Expansion Children	311,247	301,999	289,820	287,916	280,380	-6.9%	-3.3%
Federal Mandate	240,924	252,674	256,141	291,324	294,308	6.3%	14.9%
Medically Needy	17,663	17,391	18,445	17,060	17,953	4.4%	-2.7%
CHIP Phase I	0	0	0	35,477	34,553		
TOTAL	1,944,089	1,892,670	1,803,450	1,824,996	1,776,908	-7.2%	-1.5%

Source: TDH Bureau of Statistics and Analysis, June 1999 data.



UTAH



Note:
 See correction on the following page.



UTAH (CONT.)

Utah Medicaid Data							June 97 to June 98	June 98 to June 99
	Jun-97	Jan-98*	Jun-98	Dec-98	Jun-99			
Aged Medicaid	4,606	4,671	4,710	4,797	4,921			
Aging Waiver Medicaid	347	400	389	368	407	12.1%	4.6%	
Blind Medicaid	72	73	73	69	66	1.4%	-9.6%	
Medically Needy Child	171	130	139	113	128	-18.7%	-7.9%	
Disabled Waiver Medicaid	2,253	2,410	2,561	2,707	2,839	13.7%	10.9%	
Disabled Medicaid	15,482	15,421	15,514	15,560	15,997	0.2%	3.1%	
Foster Care	2,858	2,796	2,832	2,830	2,816	-0.9%	-0.6%	
AFDC Medicaid	37,163	35,526	34,234	33,468	30,884	-7.9%	-9.8%	
AFDC Two Parent Medicaid	2,239	2,440	2,607	2,353	2,244	16.4%	-13.9%	
AFDC Medicaid -12 Mo.	12,537	14,315	14,418	13,299	13,482	15.0%	-6.5%	
AFDC Medicaid - 4 Mo.	100	94	131	87	102	31.0%	-22.1%	
Newborn	10,545	9,850	10,623	10,657	12,095	0.7%	13.9%	
Combination	8,797	8,447	8,704	8,375	8,984	-1.1%	3.2%	
Above Age 6	4,373	4,437	4,599	4,902	5,261	5.2%	14.4%	
Nursing Home	4,697	4,739	4,610	4,622	4,660	-1.9%	1.1%	
Pregnant - Needy Medical	18	5	11	11	9	-38.9%	-18.2%	
Prenatal	7,941	7,814	8,044	7,095	7,638	1.3%	-5.0%	
Medicaid Child 1Yr.	6,345	6,575	7,223	7,367	7,687	13.8%	6.4%	
Refugee-Medical	310	372	346	321	193	11.6%	-44.2%	
Subsidized Adoption	1,116	1,203	1,346	1,452	1,594	20.6%	18.4%	
Total Utah Medicaid	121,970	121,718	123,114	120,453	122,007	0.9%	-0.9%	

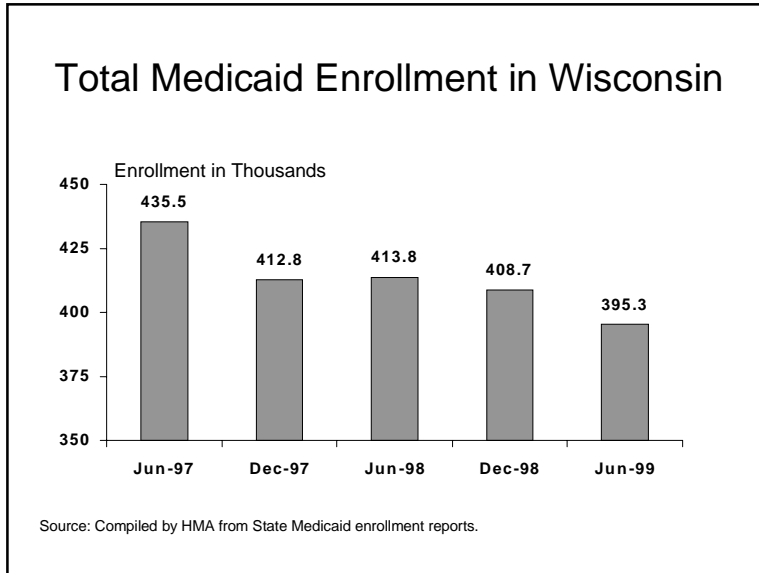
*Note: 1/98 data used in place of 12/97 data

Source: Bureau of Eligibility Services, Division of Health Care Financing, Utah Department of Health

Note: Data for Utah were corrected just prior to publication of this report. The Utah data in the summary tables in this report does not reflect this correction. The table above does, however. The result of this change is that total Utah Medicaid enrollment and enrollment in the "Families, Children & Pregnant Women" category is understated by about 2,800 foster care children for December 1997 through June 1999.



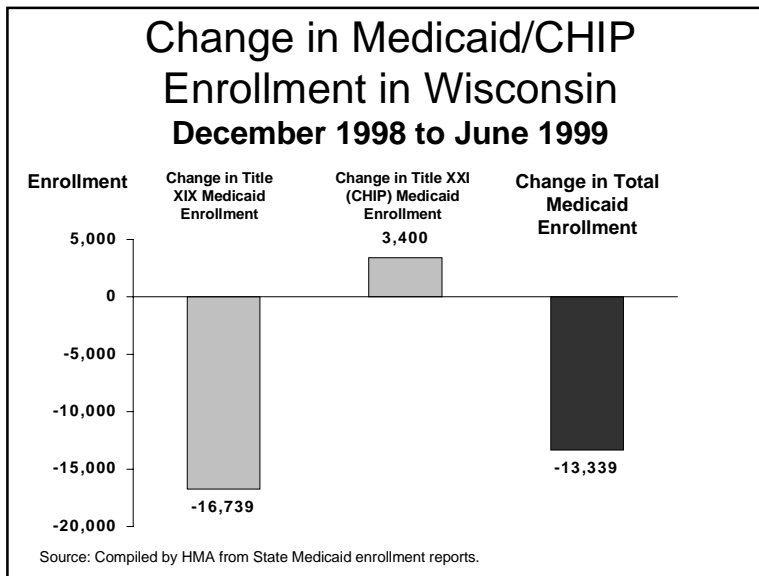
WISCONSIN



Notes:

Although Wisconsin experienced overall declines in Medicaid enrollment during the study period, the State's new BadgerCare program had just recently become operational in June 1999. This program combines Medicaid and CHIP funding under a federal waiver. Wisconsin's BadgerCare program targets working families without insurance coverage.

Recent data from the Wisconsin Department of Family and indicates that as of February 2000, there were 60,815 enrollees in the BadgerCare program.





WISCONSIN (CONT.)

Wisconsin Medicaid Data							
	Jun-97	Dec-97	Jun-98	Dec-98	Jun-99	June 97 to June 98	June 98 to June 99
Family Coverage							
AFDC	174,591	143,782	142,944	139,423	131,127	-18.1%	-8.3%
Healthy Start	76,411	84,313	86,179	83,969	80,943	12.8%	-6.1%
BadgerCare		1	2	23	2,886		
Eligibility	623	713	687	688	518	10.3%	-24.6%
TOTAL	251,625	228,809	229,812	224,103	215,474	-8.7%	-6.2%
Persons With Disabilities & Elderly Coverage							
SSI	116,293	114,743	112,200	110,450	106,951	-3.5%	-4.7%
Nursing Home	32,028	32,009	31,212	30,779	14,587	-2.5%	-53.3%
SSI Related	12,505	13,249	13,987	14,611	28,821	11.9%	106.1%
Waiver	5,993	6,455	6,884	7,232	7,256	14.9%	5.4%
TOTAL	166,819	166,456	164,283	163,072	157,615	-1.5%	-4.1%
Other Coverage							
Beneficiaries	2,594	2,736	3,324	4,152	4,459	28.1%	34.1%
Foster Care	8,371	8,507	9,570	10,033	10,405	14.3%	8.7%
Subsidized Adoption	5,893	6,147	6,571	7,078	7,228	11.5%	10.0%
Tuberculosis-Related	78	133	220	197	127	182.1%	-42.3%
Other	73	40	29	40	28	-60.3%	-3.4%
TOTAL	17,009	17,563	19,714	21,500	22,247	15.9%	12.8%
TOTAL	435,453	412,828	413,809	408,675	395,336	-5.0%	-4.5%

Source: Wisconsin Medicaid Statistics at:
<http://www.dhfs.state.wi.us/medicaid/caseload/>

V. Conclusions and Summary

The goal of this pilot study was to try to use the enrollment reports that states have developed for their own internal tracking of Medicaid enrollment to identify key trends occurring across state Medicaid programs. Conclusions from this study are drawn from the trends observed in the 21 states providing data on Medicaid enrollment.

Data from the state monthly enrollment reports provide the most recent information available on the direction of Medicaid enrollment. Although total Medicaid enrollment in these 21 states declined from June 1997 to June 1998, the most recent comparison of June 1998 to June 1999 shows enrollment increased by 1.4%. Moreover, these enrollment increases were widespread across the states, with twelve states showing increases for this most recent year compared to the same month last year. In the twelve states with increases, an additional 534,500 individuals were enrolled in Medicaid in June 1998 compared to June 1999. Despite these positive findings, enrollment continued to decline in 9 of the study states, dampening the magnitude of the overall increase across all 21 states to 316,300 additional Medicaid enrollees in June 1999 compared to June 1998. In addition, in these 21 states total Medicaid enrollment in June of 1999 continued to be lower than June of 1997.

The implementation of CHIP has clearly had an impact on Medicaid enrollment. In these 21 states, Medicaid enrollment increased by 216,874 from December 1998 to June 1999. Of this increase, 72% (155,179) was in the regular Medicaid program and 28% (61,695) was enrollment in Medicaid-expansion CHIP programs. However, in many states, Medicaid enrollment continues to fall, despite increases in CHIP enrollment.

The continued transition of Medicaid from a program primarily serving individuals receiving cash assistance to a program providing health coverage to low-income families, disabled and elderly people is apparent. With enrollees receiving cash assistance now composing less than half of total Medicaid enrollees in many states, states are adopting eligibility criteria and enrollment procedures to reach low-income families who may not come into contact with the welfare system. However, the continued steep decline in the number of families receiving both TANF and Medicaid has not been completely offset by an increase in coverage through other eligibility categories. To the extent that families leaving welfare are eligible, but not enrolled in Medicaid, this decline is a continuing area of concern. The recent HCFA guidance and the continued state efforts that are already underway are likely to help stem declines resulting from loss of welfare, but more needs to be done to increase Medicaid enrollment by making the program more "health insurance" oriented and consumer friendly.

A number of states have embarked on innovative and aggressive campaigns to reach and enroll more low-income uninsured families in Medicaid and CHIP. Despite the intensity of these efforts, current data to document the success of these activities are often not readily available. Given the important role that Medicaid plays in providing health coverage to the low-income population, it is critical to obtain timely and useful data on program enrollment at the state and federal level. This study has shown that using state internal monthly reports is a useful vehicle to provide a snapshot of changes in Medicaid enrollment.

K A I S E R C O M M I S S I O N O N
Medicaid and the Uninsured

The state reports provide more current data on Medicaid enrollment than is available nationally. However, the absence of uniform eligibility groups limits the overall utility of these reports. In particular, because states do not use common definitions or reporting categories for specific eligibility groups, it is often not possible to aggregate this data across states to obtain a national picture. In many cases, the categories that states use have grown up over time as Medicaid coverage has been extended to different groups. It is time to rethink what categories would be useful from a policy and programmatic view. Timely reporting of enrollment data in a basic set of eligibility categories is essential to enabling policymakers and others to identify emerging trends in Medicaid's coverage of the low-income population.

APPENDIX A: Data Issues

Health Management Associates asked the state Medicaid agencies for “off-the-shelf” reports used by the states to track Medicaid enrollment. In some of the states the single state agency for Medicaid does not determine Medicaid eligibility, and data were obtained from the eligibility agency.

Common Categorization of Enrollees

The initial expectation was that it would be possible to compare trends in most of the states for the following categories:

- Clients with cash assistance vs. those without cash assistance
- Adults vs. children
- Aged, blind, and disabled
- Poverty-related children
- Poverty-related pregnant women
- Transitional Medical Assistance

As the data were received from the states we found that none of these categories existed in every state.

Level of Data Detail

A related issue is the great variety in the level of detail we received from the states. The number of distinct categories ranged from six to 166. The states with the greatest numbers of categories provided us with algorithms used by the state to aggregate the data. HMA applied these algorithms to the detailed data to create more meaningful aggregations.

States with the fewest categories were generally the ones we could not readily compare with other states.

Point-in-Time Values

Most of the national data on Medicaid enrollment are based on the HCFA-2082 report. Generally the number reported by state is the unduplicated count of *recipients* during a fiscal year. Recipients are counted based on individuals who use services. Individuals who are enrolled in Medicaid but never use services in a particular year are not in the count of recipients.²² The HCFA-2082 report also provides data on the total number of persons who were enrolled in Medicaid at any time during a year, as well as the number who were enrolled for the full year or for only part of the year. These data show that a large portion of the persons on Medicaid is enrolled for only part of the year. For example, the HCFA-2082 report for 1997 shows that there were 41.6 million people

²² HCFA now counts in the recipient count those individuals for whom a capitation payment is made. With the expansion of Medicaid HMOs and prepaid health plans, there may be fewer enrollees who are not “recipients”.

enrolled in Medicaid in the United States at some time during the year from October 1, 1996 to September 30, 1997. However, only 23.1 million individuals, or 55%, were enrolled for the entire 12 months.

The state reports used for this study show the number of persons enrolled in Medicaid at any point during a month. This benchmark is different from the unduplicated number of persons who were enrolled at any time during a 12-month period. The point-in-time count of enrollees allows analysis of shorter-term trends in enrollment data. By definition, the point-in-time monthly count of enrollees will be less than the unduplicated annual number of enrollees.

Data Completeness

Medicaid eligibility can be retroactive. It takes some time for a state to determine whether an applicant is eligible for Medicaid.²³ When that determination is made, the effective date of enrollment can be “back-dated” to the point of application, or up to 90 days prior to application. As a result, the actual number of clients enrolled in Medicaid for a particular month is not completely known until several months later.

Since the data are used by different states for a variety of purposes, states handle this issue in different ways. Some states do not release enrollment data for 60 to 90 days after the end of a month. Other states count persons enrolled at the beginning or end of the month and do not try to modify those counts. Other states have preliminary enrollment data that are updated over time, as more complete information becomes available.

For this report, the data reflect what the state considers the count of enrollees for the month. Most but not all of the state data reflect the count of persons eligible at the start of the month and thus the data do not include adjustments for retroactive eligibility.

²³ For some categories, such as pregnant women, some of the states choose to begin immediately providing Medicaid services based on a presumption that the client is eligible for Medicaid. Some of the state charts in this report identify “presumptive eligibility” as a separate enrollment category.

Methodology – Categories of Assistance

The following is a description of the state-level categories used to combine detailed data from the state reports into the eligibility groups used in Section III of this report.

Families, Children & Pregnant Women (Fourteen States)	
California	<ul style="list-style-type: none"> • Public Assistance Families • Medically Needy Families • Medically Indigent Children • Medically Indigent Adults – this is a very small number (less than three tenths of one percent of the total included for California for Families, Children and Pregnant Women); including the total group may slightly overstate this category but would not change the trend. • Refugees and aliens – the vast majority of these members are families and children. • Poverty-related groups • Minor Consent
Florida	<ul style="list-style-type: none"> • All eligibles except those included in the elderly and disabled categories described below
Illinois	<ul style="list-style-type: none"> • All AFDC and AFDC Extension enrollees
Indiana	<ul style="list-style-type: none"> • LIF (Low Income Families) • Non-LIF Children • Pregnancy Groups
Kansas	<ul style="list-style-type: none"> • Total Families and Children • Med. Needy Families • Other
Massachusetts	<ul style="list-style-type: none"> • All but those included in aged and disabled groups
Michigan	<ul style="list-style-type: none"> • Cash Assistance: AFDC Total Persons • Medically Needy Families and Children • Poverty Related Children and Pregnant Women
New Jersey	<ul style="list-style-type: none"> • Cash AFDC • Non-cash AFDC • Foster Care • Presumptive Eligibility Pregnant Women • SOBRA Kids • SOBRA Pregnant Women
New York	<ul style="list-style-type: none"> • All but aged, blind, and disabled (described below)
Ohio	<ul style="list-style-type: none"> • TANF/LIF (Low Income Families)/SOBRA • Foster Care Maintenance • Adoption Assistance
Oklahoma	<ul style="list-style-type: none"> • TANF/AFDC (Does not include any of the medically needy caseload. There may be a few families and children within this group, but the trend should not be affected.)

Families, Children & Pregnant Women (Fourteen States) - Continued	
Texas	<ul style="list-style-type: none"> • TANF Children • TANF Adults • Pregnant Women • Newborns • Expansion Children • Federal Mandate • CHIP Phase I • Does not include any of the medically needy caseload. There may be a few families and children within this group, but the trend should not be affected.
Utah	<ul style="list-style-type: none"> • Medically Needy Child • Foster Care • AFDC Medicaid • AFDC Two-Parent Medicaid • AFDC Medicaid – 12 month • AFDC Medicaid – 4 month • Newborn • Combination • Above Age 6 • Pregnant – Needy Medical • Prenatal • Medicaid Child 1 Year • Refugee – Medical • Subsidized Adoption
Wisconsin	<ul style="list-style-type: none"> • Family Coverage • Foster Care • Subsidized Adoption • Tuberculosis-Related • Other
TANF Cash Assistance Enrollees (Ten States)	
Arkansas	<ul style="list-style-type: none"> • Categorically Needy with Cash Assistance – Children • Categorically Needy with Cash Assistance – Caretaker & Pregnant Women
Florida	<ul style="list-style-type: none"> • Data from State detail not included in this report. Florida has approximately 166 eligibility categories. One field indicates receipt of cash assistance. Another field has an indicator for aged, blind or disabled. Using these indicators we were able to extract TANF cases.
Georgia	<ul style="list-style-type: none"> • AFDC/DMP
Illinois	<ul style="list-style-type: none"> • Includes Medical Assistance with Grant: AFDC category.
Kansas	<ul style="list-style-type: none"> • AFDC/TANF Cash Assistance
Michigan	<ul style="list-style-type: none"> • Cash Assistance: AFDC Total Persons
New Jersey	<ul style="list-style-type: none"> • Cash AFDC
New York	<ul style="list-style-type: none"> • Medicaid and Subsistence: TANF Children and TANF Adults
Pennsylvania	<ul style="list-style-type: none"> • Cash Assistance TANF

TANF Cash Assistance Enrollees (Ten States) - Continued	
Texas	<ul style="list-style-type: none"> • TANF Children • TANF Adults
TMA Enrollees (Four States)	
Illinois	<ul style="list-style-type: none"> • Data received in a separate report not reflected in the detailed state chart for Illinois.
Indiana	<ul style="list-style-type: none"> • LIF - Transitional Medical Assistance
Kansas	<ul style="list-style-type: none"> • AFDC/TANF Extended Medical
Michigan	<ul style="list-style-type: none"> • Data received in a separate report not reflected in the detailed state chart for Michigan.
Poverty-Related Groups (Seven States)	
<p>These are the children and pregnant women eligibility groups created by the Seventh Omnibus Reconciliation Act (SOBRA).</p>	
Florida	<ul style="list-style-type: none"> • Includes all SOBRA groups.
Indiana	<ul style="list-style-type: none"> • Under 1 & Below 150% FPL • Age 1-5 & Below 133% FPL • Age 6-18 & Below 100% FPL • Limited for Pregnancy (<150% of poverty)
Iowa	<ul style="list-style-type: none"> • Percent of Poverty Children & Pregnant Women
Michigan	<ul style="list-style-type: none"> • Poverty Related Children & Pregnant Women
New Jersey	<ul style="list-style-type: none"> • Presumptive Eligibility Pregnant Women • SOBRA Kids • SOBRA Pregnant Women
New Mexico	<ul style="list-style-type: none"> • Pregnant Women and Children
Wisconsin	<ul style="list-style-type: none"> • Includes Healthy Start and Badger Care. (There are some Medicaid-expansion CHIP enrollees in the Healthy Start numbers.)
Aged (Nine States)	
California	<ul style="list-style-type: none"> • Public Assistance Aged • Medically Needy Aged • QMB-only (a very small category that may include a few disabled, but which constitutes less than eight tenths of one percent of the California aged count).
Illinois	<ul style="list-style-type: none"> • Medical Assistance with Grant - Aged • Medical Assistance without Grant – Aged
Indiana	<ul style="list-style-type: none"> • Aged • Medicare Cost Sharing. (There are a few disabled enrollees in the Medicare Cost Sharing groups, so Aged is slightly overstated and Disabled is slightly understated.)
Massachusetts	<ul style="list-style-type: none"> • Seniors • Within “Other” category: Senior Buy-In and Aid Category 24 (Buy-In Aged)
Michigan	<ul style="list-style-type: none"> • SSI Aged Persons • Medically Needy Aged Persons
New Jersey	<ul style="list-style-type: none"> • Cash Aged • Non-Cash Aged

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Aged (Nine States) - Continued	
New York	<ul style="list-style-type: none"> • SSI Aged • Medicaid-only Aged
Ohio	<ul style="list-style-type: none"> • Aged
Texas	<p>Note: Excludes Medically Needy and Federal Mandate groups that may also contain some aged enrollees. This exclusion should not affect the trend.</p> <ul style="list-style-type: none"> • Aged and Medicare
Disabled (Nine States)	
California	<ul style="list-style-type: none"> • Public Assistance Disabled • Medically Needy Disabled
Illinois	<ul style="list-style-type: none"> • Medical Assistance with Grant - Blind • Medical Assistance with Grant –Disabled • Medical Assistance without Grant – Blind • Medical Assistance without Grant – Disabled
Indiana	<ul style="list-style-type: none"> • Blind • Disabled
Massachusetts	<ul style="list-style-type: none"> • MassHealth Standard – Disabled • Within “Other” category: Aid Category 25 (Buy-In Disabled)
Michigan	<ul style="list-style-type: none"> • SSI Disabled Persons • Medically Needy Disabled Persons
New Jersey	<ul style="list-style-type: none"> • Cash Disabled • Non-Cash Disabled
New York	<ul style="list-style-type: none"> • SSI Disabled • Medicaid-only Disabled
Ohio	<ul style="list-style-type: none"> • Blind • Disabled
Texas	<p>Note: Excludes Medically Needy and Federal Mandate groups that may also contain some disabled enrollees. This exclusion should not affect the trend.</p> <ul style="list-style-type: none"> • Disabled and Blind
Cash-Related TANF & SSI Combined (Nine States)	
<p>This category includes individuals receiving cash assistance from SSI or TANF, but excludes individuals receiving cash assistance from state or local programs.</p>	
Arkansas	<ul style="list-style-type: none"> • Categorically Needy with Cash Assistance
Georgia	<ul style="list-style-type: none"> • AFDC/DMP • SSI/DMP
Illinois	<ul style="list-style-type: none"> • Medical Assistance with Grant enrollees
Kansas	<ul style="list-style-type: none"> • SSI total • AFDC/TANF total
Michigan	<ul style="list-style-type: none"> • Total with Cash Assistance
New Jersey	<ul style="list-style-type: none"> • Total with Cash Assistance
New York	<ul style="list-style-type: none"> • TANF Children • TANF Adults • SSI Aged • SSI Blind and Disabled

Cash-Related TANF & SSI Combined (Nine States) - Continued	
Pennsylvania	<ul style="list-style-type: none"> • Cash Assistance - SSI • Cash Assistance – TANF
Wisconsin	<ul style="list-style-type: none"> • AFDC • SSI
Medicaid-only (Nine States)	
This category excludes individuals receiving cash assistance from SSI or TANF, but includes individuals receiving cash assistance from state or local programs.	
Arkansas	<ul style="list-style-type: none"> • All categories except Categorically Needy with Cash Assistance
Georgia	<ul style="list-style-type: none"> • Intermediate Care • Medicaid Only • Optional Medicaid Only • Medically Needy • QMB
Illinois	<ul style="list-style-type: none"> • Includes all Medical Assistance no Grant enrollees.
Kansas	<ul style="list-style-type: none"> • All but SSI total and AFDC/TANF total.
Michigan	<ul style="list-style-type: none"> • Total without Cash Assistance
New Jersey	<ul style="list-style-type: none"> • Total without Cash Assistance
New York	<ul style="list-style-type: none"> • Safety Net Children • Safety Net Adults • All Medicaid-only
Pennsylvania	<ul style="list-style-type: none"> • General Assistance • State Blind Pension • Categorically Needy • Medically Needy
Wisconsin	<ul style="list-style-type: none"> • All but AFDC and SSI

APPENDIX B

Acronyms	
AB	Aid to the Blind
ABAD	Aid to the Blind and Aid to the Disabled
AD	Aid to the Disabled
ADC	Aid to Dependent Children
AFDC	Aid to Families with Dependent Children
CHIP	State Children's Health Insurance Program
FPL	Federal Poverty Level
LIF	Low Income Families: LIF is the designation under section 1931(b) of the Social Security Act for families that are receiving Temporary Assistance for Needy Families (TANF, the successor of AFDC), those who would be eligible if the July 1996 AFDC program of that state were still in place, and those who qualify for Temporary Medical Assistance (TMA) when they lose their Medicaid qualification as TANF recipients.
OAA	Old Age Assistance
PACE	Program of All-Inclusive Care for the Elderly
PRWORA	Personal Responsibility and Work Opportunities Reconciliation Act
QMB	Qualified Medicare Beneficiaries
SLMB	Specified Low-Income Medicare Beneficiaries
SOBRA	Seventh Omnibus Budget Reconciliation Act
SSI	Supplemental Security Income – which replaced AB, AD, and OAA
TANF	Temporary Assistance to Needy Families (Replaced AFDC or ADC)
Title XIX	Medicaid (Title XIX of the Social Security Act)

