kaiser commission on medicaid and the uninsured

THE HENRY J. KAISER FAMILY FOUNDATION

POLICY BRIEF

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An Overview of Changes in the Federal Medical Assistance Percentages (FMAPs) for Medicaid

Executive Summary

Medicaid, which pays for health and long-term care services for over 60 million low-income Americans, is financed jointly by states and the federal government. Medicaid financing works through a variable matching mechanism known as the Federal Medical Assistance Percentage (FMAP), which determines the federal and state shares of Medicaid costs based on a state's per capita personal income relative to the national average. There have been discussions over the history of the program to change the formula in order to utilize alternative or more timely data. However, such changes would result in dramatically different results across states, and these efforts have proved unsuccessful.

This paper describes the FMAP formula, which has remained largely unchanged since the enactment of the Medicaid program in 1965. It analyzes how actual FMAPs have changed over the past four decades and identifies some potential reasons for these changes. Finally, the paper discusses the outlook for FMAPs in 2013 as well as the potential impact on FMAPs from the implementation of the Affordable Care Act (ACA) provisions beginning in 2014.

What is the FMAP and How Does it Work?

States and the federal government share the cost of paying for health and long-term care services for Medicaid beneficiaries.[1] The specific percent that the federal government uses to reimburse a state is referred to as the federal medical assistance percentage (FMAP). The FMAP for each state is determined under a statutory formula based on the squared value of state per capita income (PCI) relative to the U.S. average. For purposes of this formula, "income" is personal income as calculated by the Bureau of Economic Analysis, not money income as calculated by the Census Bureau. The formula is designed to give relatively poor states (as measured by per capita income) a higher share of federal dollars than wealthier states. The federal matching rate for each state is expressed as follows:

$$FMAP = 1 - .45 \times [(\text{State PCI})^2 / (\text{U.S. PCI})^2]$$

A state with average per capita income receives an FMAP of 55 percent, and itself pays 45 percent of the cost. No state may receive an FMAP less than 50 (where the federal government provides one dollar for each state dollar) or higher than 83 (where the federal government provides $4.88 for each state dollar). On average, this formula has resulted in the federal government paying for about 57 percent of spending on Medicaid benefits nationally and states paying 43 percent.

The personal income data used to develop the FMAPs are based on a three-year average of income data published by the Department of Commerce's Bureau of Economic Analysis. FMAPs are recalculated each year and published annually (between October 1 and November 30) in the Federal Register for the federal fiscal year that begins the following October. For example, the FMAPs that will apply in FY 2012, which begins October 1, 2011, were published in November 2010, and were calculated using the latest per capita personal income available at that time, for calendar years 2007, 2008, and 2009. The FY 2012

[1] State Medicaid administrative costs, about 4 percent of total Medicaid costs are reimbursed under a different matching system.

FMAPs thus will be the first to incorporate fully state income data from the recent economic downturn. While the recession officially ended in June 2009, states experienced much of the worst of the impact from the recession into 2010, in terms of both increased service demands and lost revenues. There have been discussions over the history of the program to change the formula to incorporate more timely data, but changes would result in dramatically different results across states.

Because of the volume of federal funds flowing through the Medicaid program (a projected $274 billion in FY 2011), relatively small changes in a state's FMAP can produce changes of hundreds of millions of dollars in a state's federal Medicaid payments. For example, the FY 2012 FMAP for Texas will be 58.22, or 2.34 percentage points lower than its current 60.56 FMAP for FY 2011 (Table 2). That change is expected to reduce federal Medicaid payments to Texas by about $700 million.

The current FMAP formula, which relies on lagged data, is not adequate to make timely adjustments for changes in economic conditions that increase Medicaid enrollment while reducing state revenues that finance the program. For this reason, in 2009 Congress enacted legislation (the American Recovery and Reinvestment Act) to provide federal program support and fiscal relief through Medicaid during the recent economic downturn.[2] This increase, initially for nine quarters, was later extended for an additional two quarters for most states through June 2011 at a reduced level.[3] [Tables 1 and 2 for 2009, 2010, and 2011 do not include these temporary FMAP increases].

How has the FMAP Changed over the Past Four Decades?

The statutory FMAP formula has remained essentially unchanged since Medicaid's enactment in 1965.[4] Over the past four decades, however, the actual FMAPs generated by the formula have compressed—that is, the highest FMAP has declined and the average FMAP has declined while the lowest FMAP has remained unchanged, shrinking the distance between the highest and lowest FMAPs. The effect of this compression is that the extent of redistribution to poorer states generated by the FMAP formula has declined.

Mississippi has been the poorest state in each year of the program's existence, and has always received the highest FMAP. As can be seen in the following table, the highest state FMAP in FY1968-69 was 83; in FY 2012, the highest state FMAP will be 74.18, and in FY 2013 that rate is projected to fall to 73.67. Similarly, in FY1968-1969, nine states had FMAPs equal to or higher than 72.00 (Alabama, Arkansas, Kentucky, Louisiana, Mississippi, North Carolina, South Carolina, Tennessee, West Virginia). In FY2012, only West Virginia and Mississippi will have FMAPs at or above 72, and by FY 2013, Mississippi may be the only state above that level.[5] At the other end of the FMAP range, the number of states at the floor of 50.00 has increased from 12 to 14. Over the 40-year period, the average FMAP has fallen from 61.33 to 59.62, and it is projected to remain approximately level for FY 2013.

[2] Similar legislation provided relief in 2003-2004.
[3] Section 2006 of P.L. 111-148 provides a "Special adjustment to FMAP determination for certain States recovering from a major disaster." This provision applies to Louisiana.
[4] Prior to FY 1987, FMAPs were recalculated biennially; they are now recalculated annually. This is the one major statutory change that has been enacted.
[5] FY 2013 FMAPs presented in this paper are based on preliminary personal income and population data; actual FMAPs will differ somewhat.

FMAP Compression 1968 - 2013*

(Federal Fiscal Years)	1968-69	1978-79	1989	1999	2009	2011	2012	2013p
Average FMAP	61.33	59.10	60.74	60.67	59.97	59.89	59.62	59.63
Highest state FMAP	83.00	78.09	79.80	76.78	75.84	74.73	74.18	73.67
Number ≥ 72.00	9	3	8	4	3	2	2	1
Number = 50.00**	12	11	11	10	13	13	14	14

*FMAPs for 2009 and 2011 do not include the ARRA enhancements

**Excludes the District of Columbia, which began at 50.00 but now has a legislated 70.00 FMAP.

This compression of the FMAP masks variations in state-specific FMAP changes over the past four decades. As shown in Table 1, over the 1969 to 2009 period, 18 states (including DC) experienced an increase in their FMAP, while 25 states saw declines and 8 states remained constant at the 50 percent FMAP floor. These FMAP changes translate into large declines (greater than 20 percent) in the *state* shares of Medicaid costs in four states (in order: DC, Indiana, Michigan and Ohio) and large increases (greater than 40 percent) in the *state* share of spending for Medicaid in five states (in order: Alabama, Virginia, Mississippi, Tennessee and South Carolina). The largest percentage increase in state share was for Alabama, whose state share increased from 21.46 to 32.02 (+49%), and the most substantial decrease was for Indiana, whose state share declined from 47.15 to 35.74 (24%).[6]

These trends will continue in FY 2011 and FY 2012. Seventeen states will experience declines of FMAP 0.50 or greater in FY 2011-2012 and only 8 will receive a similar increase (Table 2). The reductions in FY 2012 are projected to continue for many states in FY 2013, reflecting the impact of personal income data from the 2008 and 2009 economic downturn. The economic declines experienced by wealthier states in 2008 and 2009 will continue to depress the national average per capita income against which the other states are compared under the FMAP formula. The economic decline of the large Great Lakes states during this period also depresses the national averages, but these states experience FMAP increases.

While the FMAPs were not designed to be static over time, a review of the FMAPs over time shows some changes in the distribution of federal Medicaid funds. Using FY 2009 spending and applying both the FY 2009 FMAP and the FY 1969 FMAP shows that the states in the Great Lakes region experienced an increase in FMAPs and therefore an increase in federal Medicaid payments. These increases were offset by reductions in federal spending due to FMAP declines in other regions, primarily the Southeast and the Southwest. Despite the major changes in many states' FMAPs since 1969, the overall federal share of Medicaid costs has remained at approximately 57 percent. The majority of states with FMAPs above 50 in FY 1969 have experienced FMAP declines over the past four decades. However, the federal savings from these reduced FMAPs have been offset by increased Medicaid spending in those states and by amounts of federal Medicaid spending in the programs of the large 50 percent FMAP states.

[6] The District of Columbia's increase to 70.00 was created through a legislated transfer of financing responsibilities between the federal government and the city, and is not affected by personal income shifts.

What Accounts for Changes in the FMAP?

A full explanation of the causes for the compression of FMAPs is beyond the scope of this paper, but several of the contributing factors can be identified. Per capita personal income in states that were relatively wealthy in 1969-1970 (and therefore had the lowest FMAPs) grew more slowly over the four decades than per capita personal income in states that were relatively poor. The relatively slow per capita income growth in these states meant slow growth in the national average per capita income. Because a state's FMAP is calculated by comparing its per capita income to the national average, the faster income growth of the poorer states relative to the national average per capita income has reduced their FMAPs over time.

Per capita income also grew at different rates across states. Part of the explanation is different rates of population growth and economic growth. Some states, including Michigan, Ohio, New York, Iowa, Illinois, Pennsylvania, Indiana, West Virginia, Rhode Island, and the District of Columbia, experienced large reductions in their shares of U.S. personal income over the four decade period ranging from -40 percent to -23 percent. Other states experienced large increases in shares of personal income over this period; Nevada and Arizona shares had increases in excess of 100 percent followed by Florida, Colorado, Texas and Georgia with increases ranging from 88 percent to 48 percent.[7]

Another reason for different rates of growth in state per capita income is Medicaid itself. In 1986[8] the Commerce Department modified the definition of personal income to include Medicaid spending. As a result, states with more rapid growth in Medicaid spending experienced a more rapid growth in personal income; when personal income growth exceeds population growth in a state, the state's per capita income rises and its FMAP tends to decline.

FMAPs in 2013 and Beyond

Although actual FMAPs for FY 2013 year cannot be calculated until final state per capita income estimates for 2008-2010 are released by the Department of Commerce (scheduled near the end of September 2011), Table 2 presents estimated FMAPs. Under this projection, the FMAP compression described above continues for FY 2013. While the average FMAP would remain relatively constant, the highest state FMAP would decline, and only 1 state (Mississippi) would continue to have an FMAP of 72.00 or above. Fifteen states are estimated to experience an FMAP decline of 0.5 percentage points or more, while only 7 states are projected to have an increase of 0.5 percentage points or more.

The per capita income estimates used for the FY 2013 FMAPs will use population estimates based on the 2010 decennial census to calculate the per capita income data. Decennial censuses frequently create one-time FMAP shifts for states whose annual population estimates are substantially different from the census counts. For example, approximately half of Nevada's projected FMAP increase of almost 4 percentage points for FY 2013 reflects changes in its income estimates, and half reflects expected readjustments in its population data. North Dakota, another small state whose population estimates are expected to rise substantially, is not projected to experience a continued FMAP decline that its personal income growth may have led the state to expect.

[7] Analysis of personal income from the Bureau of Economic Analysis, U.S. Department of Commerce
[8] See FFIS Issue Brief 86-15.

The implementation of the Medicaid coverage provisions of the Affordable Care Act (ACA) in 2014 will also have an indirect impact on future FMAPs, almost certainly continuing the four-decade trend of compression. Effective January 1, 2014, the ACA increases Medicaid eligibility to individuals with family incomes below 133 percent of the federal poverty level, with the federal government initially paying 100 percent of the costs of the newly eligible population in most states, phasing down to 90 percent in 2020 and beyond. All state Medicaid enrollments and expenditures will therefore increase in 2014, but the amount of the increase will vary substantially from state to state. These differential FMAPs for current and new enrollees could increase the aggregate match rates for states from 57 percent to about 62 percent, with larger FMAP increases in states with larger increases in the number of new eligibles.[9]

In addition, these FMAP changes will affect personal income data. Since personal income data are increased by Medicaid spending, all state personal income estimates will increase. However, the amount of increase in personal income will be greater in states with large numbers of new enrollees, not currently enrolled in Medicaid, CHIP or state-financed programs. Using the very rough estimates of projected ACA enrollment now available, future FMAP reductions for the highest FMAP states of 0.50-0.60 percentage points are quite possible. Given the lag in data affecting the FMAPs, these changes would start phasing in with the FY 2017 FMAPs.

Concluding Observations

This paper highlights the changes in the FMAP over the last 45 years. While the FMAP formula has remained unchanged, changes in per capita income data have resulted in fairly substantial changes in the federal and state shares of Medicaid in many states. Generally, the economic decline in larger and wealthier states has depressed national average income over time resulting in a reduction in the FMAPs for most of the non-50.00 percent match states. While this has also resulted in an aggregate decline in the share of federal payments to states, the faster growth of Medicaid programs in the poorer states have retained the overall federal share at approximately 57 percent. Looking forward, the implementation of the ACA coverage expansions beginning in 2014, could result in higher aggregate FMAPs for states taking into account the higher match rate for new enrollees, somewhat offset by subsequent changes in relative personal income data as a result of the Medicaid expansion.

This paper was prepared by Vic Miller for the Kaiser Commission on Medicaid and the Uninsured (KCMU) with assistance from Andy Schneider, a consultant to KCMU and Robin Rudowitz, with KCMU.

[9] Holahan, J. and Deaden, I. "Medicaid Coverage and Spending in Health Reform: National and State-by-State Results for Adults at or Below 133% FPL", Kaiser Commission on Medicaid and the Uninsured, May 2010.

Table 1. Shifts in State Federal Medical Assistance Percentages (FMAPs) over Four Decades (federal fiscal years)

	FMAPs					Percentage Point Change	Percent Change, 1969-2009	
	1968-69	1978-79	1989	1999	2009	1969-2009	Federal Share	State Share
Alabama	78.54	72.58	73.10	69.27	67.98	-10.56	-13.4%	49.2%
Alaska	50.00	50.00	50.00	59.80	50.53	0.53	1.1%	-1.1%
Arizona	66.42	60.81	62.04	65.50	65.77	-0.65	-1.0%	1.9%
Arkansas	79.76	72.06	74.14	72.96	72.81	-6.95	-8.7%	34.3%
California	50.00	50.00	50.00	51.55	50.00	0.00	0.0%	0.0%
Colorado	56.24	53.71	50.00	50.59	50.00	-6.24	-11.1%	14.3%
Connecticut	50.00	50.00	50.00	50.00	50.00	0.00	0.0%	0.0%
Delaware	50.00	50.00	52.60	50.00	50.00	0.00	0.0%	0.0%
District of Columb	50.00	50.00	50.00	70.00	70.00	20.00	40.0%	-40.0%
Florida	64.10	56.55	55.18	55.82	55.40	-8.70	-13.6%	24.2%
Georgia	71.48	65.82	62.78	60.47	64.49	-6.99	-9.8%	24.5%
Hawaii	50.75	50.00	53.99	50.00	55.11	4.36	8.6%	-8.9%
Idaho	68.91	63.58	72.71	69.85	69.77	0.86	1.2%	-2.8%
Illinois	50.00	50.00	50.00	50.00	50.32	0.32	0.6%	-0.6%
Indiana	52.85	57.86	63.71	61.01	64.26	11.41	21.6%	-24.2%
Iowa	55.27	51.96	62.95	63.32	62.62	7.35	13.3%	-16.4%
Kansas	57.78	52.35	54.93	60.05	60.08	2.30	4.0%	-5.4%
Kentucky	74.30	69.71	72.89	70.53	70.13	-4.17	-5.6%	16.2%
Louisiana	73.57	70.45	71.07	70.37	71.31	-2.26	-3.1%	8.6%
Maine	68.33	69.74	66.68	66.40	64.41	-3.92	-5.7%	12.4%
Maryland	50.00	50.00	50.00	50.00	50.00	0.00	0.0%	0.0%
Massachusetts	50.00	51.62	50.00	50.00	50.00	0.00	0.0%	0.0%
Michigan	50.00	50.00	54.75	52.72	60.27	10.27	20.5%	-20.5%
Minnesota	56.95	55.26	53.07	51.50	50.00	-6.95	-12.2%	16.1%
Mississippi	83.00	78.09	79.80	76.78	75.84	-7.16	-8.6%	42.1%
Missouri	59.29	60.66	59.96	60.24	63.19	3.90	6.6%	-9.6%
Montana	64.72	61.10	70.62	71.73	68.04	3.32	5.1%	-9.4%
Nebraska	57.25	53.46	60.37	61.46	59.54	2.29	4.0%	-5.4%
Nevada	50.00	50.00	50.00	50.00	50.00	0.00	0.0%	0.0%
New Hampshire	59.18	62.85	50.00	50.00	50.00	-9.18	-15.5%	22.5%
New Jersey	50.00	50.00	50.00	50.00	50.00	0.00	0.0%	0.0%
New Mexico	71.48	71.84	71.54	72.98	70.88	-0.60	-0.8%	2.1%
New York	50.00	50.00	50.00	50.00	50.00	0.00	0.0%	0.0%
North Carolina	73.96	67.81	68.01	63.07	64.60	-9.36	-12.7%	35.9%
North Dakota	70.48	50.71	66.53	69.94	63.15	-7.33	-10.4%	24.8%
Ohio	52.42	55.46	58.98	58.26	62.14	9.72	18.5%	-20.4%
Oklahoma	68.84	65.42	66.06	70.84	65.90	-2.94	-4.3%	9.4%
Oregon	56.35	57.29	62.44	60.55	62.45	6.10	10.8%	-14.0%
Pennsylvania	54.60	55.11	57.42	53.77	54.52	-0.08	-0.1%	0.2%
Rhode Island	51.70	57.00	55.88	54.05	52.59	0.89	1.7%	-1.8%
South Carolina	78.68	71.93	73.08	69.85	70.07	-8.61	-10.9%	40.4%
South Dakota	69.91	63.80	71.02	68.16	62.55	-7.36	-10.5%	24.5%
Tennessee	74.62	68.88	70.17	63.09	64.28	-10.34	-13.9%	40.7%
Texas	66.66	60.66	59.04	62.45	59.44	-7.22	-10.8%	21.7%
Utah	68.23	68.98	73.86	71.78	70.71	2.48	3.6%	-7.8%
Vermont	64.96	68.02	63.92	61.97	59.45	-5.51	-8.5%	15.7%
Virginia	65.04	57.01	51.20	51.60	50.00	-15.04	-23.1%	43.0%
Washington	50.00	51.64	53.06	52.50	50.94	0.94	1.9%	-1.9%
West Virginia	75.73	70.16	76.14	74.47	73.73	-2.00	-2.6%	8.2%
Wisconsin	55.21	58.53	59.31	58.85	59.38	4.17	7.6%	-9.3%
Wyoming	60.38	53.44	62.61	64.08	50.00	-10.38	-17.2%	26.2%
Highest FMAP	83.00	78.09	79.80	76.78	75.84	-7.16		
Average FMAP	61.33	59.10	60.74	60.67	59.97	-1.36		

Note: Prior to FY 1986-1987, FMAPs were promulgated for two years.
Source: Assistant Secretary for Planning and Evaluation web site.

Table 2. Shifts in State Federal Medical Assistance Percentages (FMAPs), 2009-2013
(federal fiscal years)

						Change in Share		
	2009	2010	2011	2012	2013p	2009-11	2011-12	2012-13p
Alabama	67.98	68.01	68.54	68.62	68.85	0.56	0.08	0.23
Alaska	50.53	51.43	50.00	50.00	50.00	-0.53	0.00	0.00
Arizona	65.77	65.75	65.85	67.30	65.96	0.08	1.45	-1.34
Arkansas	72.81	72.78	71.37	70.71	70.37	-1.44	-0.66	-0.34
California	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Colorado	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Connecticut	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Delaware	50.00	50.21	53.15	54.17	55.45	3.15	1.02	1.28
District of Columbia	70.00	70.00	70.00	70.00	70.00	0.00	0.00	0.00
Florida	55.40	54.98	55.45	56.04	57.32	0.05	0.59	1.28
Georgia	64.49	65.10	65.33	66.16	65.49	0.84	0.83	-0.67
Hawaii	55.11	54.24	51.79	50.48	54.12	-3.32	-1.31	3.64
Idaho	69.77	69.40	68.85	70.23	71.53	-0.92	1.38	1.30
Illinois	50.32	50.17	50.20	50.00	50.00	-0.12	-0.20	0.00
Indiana	64.26	65.93	66.52	66.96	67.11	2.26	0.44	0.15
Iowa	62.62	63.51	62.63	60.71	60.02	0.01	-1.92	-0.69
Kansas	60.08	60.38	59.05	56.91	56.49	-1.03	-2.14	-0.42
Kentucky	70.13	70.96	71.49	71.18	70.47	1.36	-0.31	-0.71
Louisiana	71.31	67.61	63.61	61.09	60.34	-7.70	-2.52	-0.75
Maine	64.41	64.99	63.80	63.27	62.46	-0.61	-0.53	-0.81
Maryland	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Massachusetts	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Michigan	60.27	63.19	65.79	66.14	65.02	5.52	0.35	-1.12
Minnesota	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Mississippi	75.84	75.67	74.73	74.18	73.67	-1.11	-0.55	-0.51
Missouri	63.19	64.51	63.29	63.45	62.74	0.10	0.16	-0.71
Montana	68.04	67.42	66.81	66.11	66.11	-1.23	-0.70	0.00
Nebraska	59.54	60.56	58.44	56.64	56.96	-1.10	-1.80	0.32
Nevada	50.00	50.16	51.61	56.20	60.10	1.61	4.59	3.90
New Hampshire	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
New Jersey	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
New Mexico	70.88	71.35	69.78	69.36	69.66	-1.10	-0.42	0.30
New York	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
North Carolina	64.60	65.13	64.71	65.28	66.16	0.11	0.57	0.88
North Dakota	63.15	63.01	60.35	55.40	56.14	-2.80	-4.95	0.74
Ohio	62.14	63.42	63.69	64.15	63.45	1.55	0.46	-0.70
Oklahoma	65.90	64.43	64.94	63.88	63.94	-0.96	-1.06	0.06
Oregon	62.45	62.74	62.85	62.91	62.62	0.40	0.06	-0.29
Pennsylvania	54.52	54.81	55.64	55.07	54.49	1.12	-0.57	-0.58
Rhode Island	52.59	52.63	52.97	52.12	50.91	0.38	-0.85	-1.21
South Carolina	70.07	70.32	70.04	70.24	70.66	-0.03	0.20	0.42
South Dakota	62.55	62.72	61.25	59.13	58.11	-1.30	-2.12	-1.02
Tennessee	64.28	65.57	65.85	66.36	66.41	1.57	0.51	0.05
Texas	59.44	58.73	60.56	58.22	58.10	1.12	-2.34	-0.12
Utah	70.71	71.68	71.13	70.99	70.85	0.42	-0.14	-0.14
Vermont	59.45	58.73	58.71	57.58	56.75	-0.74	-1.13	-0.83
Virginia	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Washington	50.94	50.12	50.00	50.00	50.00	-0.94	0.00	0.00
West Virginia	73.73	74.04	73.24	72.62	72.00	-0.49	-0.62	-0.62
Wisconsin	59.38	60.21	60.16	60.53	60.12	0.78	0.37	-0.41
Wyoming	50.00	50.00	50.00	50.00	50.00	0.00	0.00	0.00
Highest FMAP	75.84	75.67	74.73	74.18	73.67	-1.11	-0.55	-0.51
Average FMAP	59.97	60.13	59.89	59.62	59.63	-0.09	-0.27	0.01

Note: FY 2013 FMAPs have been estimated by the author based on March 2011 income estimates and decennial Census population counts.

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