



USING MSIS DATA TO ANALYZE MEDICAID ELIGIBILITY AND MANAGED CARE ENROLLMENT PATTERNS IN 1999

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**U.S. Department of Health and Human Services
Assistant Secretary for Planning and Evaluation
Office of Disability, Aging and Long-Term Care Policy**

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Using MSIS Data to Analyze Medicaid Eligibility and Managed Care Enrollment Patterns in 1999

Marilyn Ellwood
Megan Kell

Mathematica Policy Research, Inc.

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USING NEW MEDICAID DATA TO ANALYZE ELIGIBILITY AND MANAGED CARE ENROLLMENT PATTERNS IN 1999

In 1999, for the first time, nationwide person-level electronic Medicaid data became available from the Centers for Medicare & Medicaid Services (CMS). Previously, routine Medicaid data on enrollment, utilization and expenditures were based on a combination of aggregate manual and electronic reports submitted by the states as part of form 2082. Although useful, the 2082 data were limited in scope, and had recurring issues of data quality. To address the need for more accurate, consistent and complete Medicaid data, the Balanced Budget Act of 1997 mandated that all states submit detailed, automated enrollment and claims data effective January 1, 1999 to the Medicaid Statistical Information System (MSIS) maintained by CMS. This new reporting requirement greatly expanded the information available for Medicaid analysis and research. In 1999, CMS also implemented stringent editing and data validation procedures to improve the quality of Medicaid data submitted to the MSIS system. Appendix A provides an overview of MSIS reporting requirements and information submitted by states.

In this report, the new MSIS enrollment data are utilized to provide detailed information on Medicaid eligibility patterns and managed care participation in calendar year 1999. A series of 14 tables were constructed for each of the 50 states and the District of Columbia, and then summarized at the national level. Key findings from the national tables for 1999 include:

- **Monthly Enrollment.** Monthly Medicaid enrollment grew from 32.2 million in January to 34 million in December 1999, for a 6 percent growth rate in monthly enrollment during the year. State 1115 demonstration programs and Medicaid expansions attributable to State Children Health Insurance Programs (SCHIP) accounted for most of the growth. Growth in monthly enrollment was widespread, with 37 states and the District of Columbia reporting increases.
- **Turnover.** Study results confirmed that Medicaid is a dynamic program, with persons entering and leaving throughout the year. About 42.7 million persons were ever enrolled in Medicaid at any point during 1999, compared to the December 1999 enrollment level of 34 million. Thus, 8.7 million individuals were enrolled in Medicaid at some point during 1999, but were no longer enrolled at year end. The persons who lost enrollment represent about 20 percent of those ever enrolled during the year, providing a lower bound measure of program turnover. Adults or parents had the highest turnover rate, followed by children, disabled, and aged persons. Turnover is a particularly important consideration in a managed care environment since Medicaid managed care plans are most efficient when investments in preventive care have sufficient time to reap benefits.

- **Enrollment Duration.** Although complete episodes of enrollment could not be measured with just one year of data, study results provided some information on Medicaid enrollment duration. Overall, about 55 percent of those enrolled in Medicaid during 1999 were enrolled all 12 months of the year, with considerable variation by eligibility group. About 72 percent of aged persons and 79 percent of disabled persons on Medicaid during 1999 were enrolled for the entire year, compared to 52 percent of children and 36 percent of adults.
- **Managed Care Enrollment.** Less than 50 percent of Medicaid eligibles were enrolled in a managed care plan that managed their acute medical services at the end of 1999. About 35 percent were enrolled in what MSIS refers to as comprehensive managed care organizations (labeled HMOs for health maintenance organizations in the tables), and another 11 percent were enrolled in primary care case management (PCCM) plans. An additional 9 percent were enrolled in other types of prepaid health plans, such as behavioral health plans (BHPs) or dental plans, bringing the total enrollment in any kind of managed care plan to 55 percent.
- **Managed Care Patterns by Eligibility Group.** Managed care enrollment patterns varied by eligibility group. Persons eligible for Medicaid as a result of the cash assistance rules – either related to the Supplemental Security Income (SSI) program or the Section 1931 provisions covering Aid to Families with Dependent Children (AFDC) – were more likely to be enrolled in HMOs or PCCMs than persons qualifying for Medicaid through other eligibility groups. Overall, 69 percent of AFDC children (Section 1931) and 65 percent of AFDC adults (Section 1931) were either in an HMO or a PCCM, whereas only 33 percent of SSI disabled persons and 16 percent of SSI aged persons received care in that form. HMOs were the preferred method of care of AFDC children, with 57 percent in HMOs and another 13 percent in PCCMs. PCCMs played a relatively larger role for SSI disabled persons, with 21 percent in HMOs and another 11 percent in PCCMs.
- **Managed Care Patterns by State.** States differed dramatically in the number of eligibles enrolled in Medicaid managed care and the types of managed care they used. Tennessee, for example, enrolled its entire Medicaid population in HMOs, while Alaska, Louisiana and Wyoming did not use any type of managed care for Medicaid enrollees in 1999. Of the two largest states, California had 42 percent of Medicaid eligibles enrolled in HMOs and less than 1 percent in PCCMs, while New York had 23 percent of its Medicaid population enrolled in HMOs and about 1 percent in PCCMs. Some states had almost no one enrolled in HMOs, but made significant use of the PCCM approach. For example, North Carolina had 58 percent of its Medicaid population in PCCMs, while Georgia had 61 percent.

- **Managed Care Patterns by Age.** The likelihood of being in any type of managed care generally declined with age. About 43 percent of children under age 21 were enrolled in HMOs, compared to 31 percent of working age adults (ages 21 through 64 years) and 10 percent of Medicaid enrollees age 65 or older. The working age adult group included both parents and disabled persons. Another 15 percent of children under age 21, 8 percent of working age adults and 2 percent of persons 65 or older were enrolled in PCCMs.
- **Managed Care Patterns for Dual Eligibles.** Eligibility for Medicare influences managed care participation. States are less likely to enroll persons who are dually eligible for Medicaid and Medicare in Medicaid managed care plans because of the difficulty in managing the services covered by Medicare. Just under 88 percent of aged Medicaid enrollees and 37 percent of disabled Medicaid enrollees were dually eligible for Medicaid and Medicare in 1999, according to MSIS data. Generally, aged and disabled dual eligibles were less likely to enroll in some type of managed care than aged and disabled Medicaid enrollees not qualifying for Medicare. About 11 percent of aged dual eligibles were enrolled in HMOs or PCCMs, compared to 18 percent of aged enrollees who were not dual eligibles. Similarly, 14 percent of disabled dual eligibles were enrolled in HMOs or PCCMs, compared to 25 percent of disabled enrollees who were not dual eligibles.
- **Enrollment in Multiple Managed Care Plans.** Just over 37 percent of the Medicaid population were only enrolled in one type of managed care, while 18 percent were enrolled in more than one type of plan. The two most frequent combinations were HMOs with dental plans, and HMOs with BHPs. The California and Tennessee Medicaid programs accounted for most of the enrollment in multiple plans.

Exhibit 1 lists the 14 tables developed for each state which were then compiled at the national level (the county information could not be presented at the national level). For all 52 sets of tables, the first five show annual counts for 1999, and Tables 6-14 present data for December 1999. Many tables have more than one version to show, for example, percent distributions or enrollment for different subpopulations by eligibility group, age or sex. Such “families” of tables are numbered 1A, 1B, and so on.

Exhibit 2 describes the population reported into each of the major Medicaid eligibility groups used throughout the tables. Exhibit 3 describes the Medicaid managed care plan types for which MSIS data are reported.

This document presents the national level tables along with a description of each and a discussion of the findings. Generally, the national level tables do not present state-by-state results. However, in a couple of instances, special national tables with state-by-state results are included. As mentioned earlier, Appendix A provides an overview of MSIS reporting requirements and Medicaid information submitted by states. Appendix B addresses data quality, based on comparisons of the MSIS results to other

data sources on Medicaid managed care enrollment. Generally, aggregate totals of MSIS Medicaid managed care enrollment corresponded well with those from CMS surveys of managed care plans. Appendix C includes footnotes for each state that provide state-specific detail on unusual patterns or shortcomings in the data. The state-level tables will be available at the website for the Office of the Assistant Secretary for Planning and Evaluation of the Department of Health and Human Services.

EXHIBIT 1. State- and National-Level Tables

1. Medicaid Enrollment by Eligibility Group and Month in 1999
2. Duration of Medicaid Enrollment (in Months) for Persons Ever Enrolled in 1999 by Eligibility Group
3. Medicaid Managed Care Enrollment by Plan Type and Month in 1999
4. Medicaid Managed Care Enrollment by Plan Type Combination and Month in 1999
5. Duration of HMO and PCCM Enrollment (in Months) for Persons Continuously Enrolled 12 Months in Medicaid in 1999
6. Medicaid Managed Care Enrollment by Plan Type and Age Group in December, 1999
7. Medicaid Managed Care Enrollment by Plan Type Combination and Age Group in December, 1999
8. Medicaid Managed Care Enrollment by Plan Type and Eligibility Group in December, 1999
9. Medicaid Managed Care Enrollment by Plan Type Combination and Eligibility Group in December, 1999
10. Medicaid Managed Care Enrollment for Disabled Persons and Children in Foster Care by Age Cohort, Gender and Plan Type in December, 1999
11. Medicaid Managed Care Enrollment for Disabled Persons and Children in Foster Care by Age Cohort, Gender and Plan Type Combination in December, 1999
12. Medicaid Managed Care Enrollment for Persons in Aged and Disabled Eligibility Groups by Dual Eligible Status and Plan Type in December, 1999
13. Medicaid Managed Care Enrollment for Persons in Aged and Disabled Eligibility Groups by Dual Eligible Status and Plan Type Combination in December, 1999
14. Medicaid Managed Care Enrollment by Plan Type and County in December, 1999

EXHIBIT 2. Medicaid Eligibility Groups

Cash Assistance Groups. Eligibility groups 11-17 include persons qualifying for Medicaid because they either receive Supplemental Security Income (SSI) benefits, or they would have qualified under the pre-welfare reform Aid to Families with Dependent Children (AFDC) rules, hence the name “cash assistance groups.” Although the 1996 welfare reform legislation replaced AFDC with the Temporary Assistance to Needy Families (TANF) program, state Medicaid programs continue to use 1996 AFDC rules to determine eligibility for Medicaid. Sometimes the AFDC groups 14-17 are referred to as the Section 1931 groups, after the section of the Social Security Act providing the rules for Medicaid AFDC-related eligibility after welfare reform.

Medically Needy Groups. Eligibility groups 21-25 include aged and disabled individuals, as well as children and adults qualifying for Medicaid through the medically needy provisions. Providing coverage for the medically needy is optional, and 37 states in 1999 extended Medicaid eligibility to some or all of the medically needy groups. States that cover medically needy groups use a higher income threshold than the AFDC cash assistance level to determine eligibility. In addition, applicants with income above the medically needy thresholds must be allowed to qualify for Medicaid by “spending down,” a provision that allows applicants to deduct incurred medical expenses from their income to determine financial eligibility for Medicaid.

Poverty-related Groups. Eligibility groups 31-35 include persons who qualify for Medicaid through any of the poverty-related expansions enacted from 1988 on. States must cover certain groups under the poverty-related provisions, while coverage for others is optional. For instance, states are required to extend limited Medicaid coverage related to some or all of the Medicare cost-sharing (premiums, copayments and deductibles) to Medicare-eligible aged and disabled enrollees whose income is below 100 to 175 percent of the federal poverty level (FPL). Included in the aged and disabled poverty-related groups are Qualified Medicare Beneficiaries (QMBs), Specified Low-Income Medicaid Beneficiaries (SLMBs), and Qualified Individuals (QI-I and II). States also have the option to extend full Medicaid benefits to all aged and disabled persons with income under 100 percent of the FPL. In 1999, 12 states elected this option. Providing coverage for children and adults in poverty-related eligibility groups 34-35 is also part mandatory, part optional. States must extend full Medicaid benefits to all children under 6 years of age and to all pregnant women with family income below 133 percent of the FPL. In addition, states are required to cover all children born after September 30, 1983, with family income below 100 percent of the FPL. At their option, most states have elected to use considerably higher income thresholds for their poverty-related child and adult coverage. In particular, many states have used the enhanced federal matching available through the State Child Health Insurance Program (SCHIP) to establish higher poverty-related income thresholds in Medicaid for children.

Exhibit 2, continued

Other Groups. Eligibility groups 41-48 include individuals who qualify for Medicaid through a mixture of mandatory and optional coverage not reported under the other eligibility groups. Groups 41 and 42 include many institutionalized aged and disabled persons, as well as those qualifying for Medicaid through hospice and home- and community-based care waivers. These groups also include special subgroups of aged and disabled individuals who lost SSI benefits due to increases in Old-Age, Survivors and Disability Insurance (OASDI) benefits or other changes. Groups 44 and 45 include children and adults qualifying for up to 12 months of transitional medical assistance because family earnings caused them to lose AFDC eligibility. States that offer presumptive Medicaid eligibility and/or a guarantee of continuous Medicaid eligibility usually report this coverage in groups 44 and 45, although in a few states, these individuals are reported in groups 34 and 35. States are required to extend emergency Medicaid benefits to immigrants, including undocumented individuals, who would otherwise qualify for Medicaid except for their immigrant status. These immigrants are part of groups 41 through 45. Finally, group 48 includes children in foster care and adopted children.

1115 Groups. Eligibility groups 51-55 include persons qualifying for Medicaid under an 1115 waiver demonstration, an optional coverage provision for states. In some states, individuals in the 1115 groups only qualify for limited Medicaid benefits. For example, some states provide only limited family planning benefits to 1115 adults, while others provide only pharmaceutical benefits to 1115 aged and disabled enrollees. However, a few states provide full Medicaid benefits to persons qualifying through 1115 provisions.

EXHIBIT 3. Types of Managed Care

Enrollment in eight types of managed care is reported in the MSIS data. In MSIS, managed care is defined as any program in which Medicaid makes a capitated payment, and some risk is assumed by the provider.

- **HMO.** The label HMO (for health maintenance organizations) is used in the tables for comprehensive managed care plans, although some comprehensive managed care plans do not include dental or behavioral services.
- **Dental.** Dental refers to dental managed care plans.
- **BHP.** BHP refers to behavioral health plans.
- **Prenatal/Delivery.** Prenatal/Delivery refers to specialized managed care plans targeted to pregnant women.
- **LTC.** LTC refers to long-term care managed care plans.
- **PACE.** PACE refers to Programs of All-Inclusive Care for the Elderly programs, available in some states.
- **PCCM.** PCCM refers to primary care case management plans, in which states pay a relatively small capitation fee each month (usually \$3) to fee-for-service physicians to coordinate primary and specialty care.
- **Other.** “Other” plans include less widespread types of managed care, such as transportation plans, hybrid PCCM plans, and special pharmaceutical plans for residents of long-term care facilities. The footnotes for each state describe the type of plan reported into the “other” category.
- **FFS.** Persons not enrolled in any type of managed care during the year were reported in MSIS as fee-for-service (FFS) enrollees. This approach understates the true number of FFS enrollees, since many were enrolled in a managed care plan providing only limited services (for example, a dental managed care plan). Individuals enrolled only in a managed care plan covering limited services would rely on FFS coverage for all their other service needs, but they would not be counted as FFS enrollees in the tables.

TABLES 1A-1B: Medicaid Enrollment by Eligibility Group and Month in 1999

Table 1A shows the distribution of Medicaid enrollment for each month of 1999 by the 23 eligibility groups used in CMS reporting. This is the first time national Medicaid enrollment data have been reported on a monthly basis. Before 1999, CMS was only able to report the number of people ever enrolled in Medicaid at some point during the year. However, the 1999 MSIS allows CMS to compile monthly enrollment information for Medicaid, both at the national and state levels, in addition to the annual data.

Monthly information greatly expands the analytic power of CMS Medicaid data. Enrollment patterns can now be tracked at a precise level. Exactly when changes in enrollment occur can now be pinpointed, as well as the groups that are affected. Monthly data also make it easier to compare CMS Medicaid data to existing state level data, since most state-generated Medicaid reports and statistics use monthly or average monthly data. Finally, the monthly enrollment data can be used in combination with the annual “ever enrolled” data to calculate a lower bound estimate of turnover in each state’s Medicaid enrollment (this analysis follows in Table 2). Although not undertaken for this study, analysts can also use monthly MSIS data to track individual enrollment patterns over time.

In addition to the national level data in Table 1A, Table 1B shows monthly Medicaid enrollment during the first and last month of 1999 for each state, with separate columns for aged, disabled, child and adult enrollees. Table 1B shows which individual states experienced growth in monthly Medicaid enrollment during the year. However, these data should not be used without consulting the state specific footnotes, since the month-to-month enrollment data in some states have problems.

Findings

- Table 1A shows that, during 1999, Medicaid enrollment nationwide grew from 32.2 million in January to 34 million in December. This represents an increase of 1.8 million in monthly enrollment during the year, or 6 percent growth. However, over half of the growth during the year is attributable to an expansion of coverage to about one million women in California (eligibility group 55) at year end. Persons in this expansion group qualified only for limited Medicaid benefits related to family planning under an 1115 waiver extension.
- Including the California expansion, adult enrollment increased over 19 percent during 1999. Parental enrollment in 1999 would have been up about 1.5 percent without the expansion in California. Child enrollment increased by 550,000 during the year, for a growth rate of about 3.4 percent. Disabled enrollment grew about 2.4 percent during the year. Growth in aged enrollment was negligible, at 0.3 percent.

- During the year, monthly enrollment averaged about 32.7 million (data in the last column). On average, half of Medicaid enrollees, or 16.4 million, were children. About 6.6 million were disabled individuals, 6 million were parents or other caretaker relatives and pregnant women (all reported under the adult grouping), and 3.6 million were aged. On average during the year, about 44 percent of individuals qualified for Medicaid because they either received SSI benefits or qualified under the AFDC rules in effect in before the 1996 federal welfare reform legislation.
- According to Table 1B, 37 states and the District of Columbia reported increases in monthly Medicaid enrollment from January to December during 1999. The following nine states had growth in monthly enrollment during 1999 exceeding 10 percent: Alaska (32.7 percent), California (21.5 percent), Maryland (21.4 percent), Oklahoma (19.6 percent), Vermont (17.9 percent), Missouri (17.3 percent), Rhode Island (15.1 percent), Indiana (13.3 percent), and Wisconsin (12.2 percent). Modest declines were reported in monthly enrollment levels by year end for 13 states, including Georgia, Hawaii, Iowa, Michigan, Nevada, New Jersey, New York, Ohio, Oregon, Texas, Utah, Virginia and West Virginia.
- For aged enrollees, Vermont showed the greatest percent growth in monthly enrollment, with almost a 16 percent increase by year end. This resulted in part from Vermont's special 1115 program extending pharmacy benefits to dual eligibles (who were not otherwise eligible for Medicaid benefits except for Medicare cost-sharing expenses).
- For disabled enrollees, Utah showed the greatest percent growth in monthly Medicaid enrollment, with an increase of almost 10 percent by year end. Although Maryland and South Carolina appear to report large increases in disabled enrollment, footnotes to Table 1B indicate that the year end levels of disabled enrollment in these states are misleading since they largely reflect reporting anomalies.
- For child enrollees, Alaska and Oklahoma showed the greatest percent growth in monthly enrollment, with 50 and 34 percent more children, respectively, enrolled in December than were enrolled in January. This resulted in part from enrollment growth in the State Children Health Insurance Program (SCHIP) that extended Medicaid coverage to additional children in each state.

- For adult enrollees, several states had extraordinary growth in monthly enrollment during 1999: California (an increase of 96 percent from January to December 1999), Missouri (87 percent), Wisconsin (57 percent), Rhode Island (31 percent), and Vermont (30 percent). In all of these states except Rhode Island, the growth stemmed from 1115 demonstrations. As noted above, the California 1115 demonstration provided adults with only family planning services, not full Medicaid benefits. The Rhode Island growth in adult enrollment resulted from its expanded 1931 rules related to AFDC coverage.

TABLES 2A-2B: Duration of Medicaid Enrollment (in Months) for Persons Ever Enrolled in 1999 by Eligibility Group

Table 2A shows the number of persons ever enrolled in Medicaid during 1999 (column 13), and the duration of enrollment during 1999 (columns 1-12) by eligibility group. Individuals were included in the eligibility group under which they were enrolled for the longest time during the year. That is, if an individual was enrolled under the medically needy child group for three months and under the poverty-related child group for six months, the full nine months of enrollment for that individual was counted in the poverty-related child group. Table 2B converts the data in Table 2A to a percent distribution.

For many years, CMS has reported the number of persons ever enrolled during the year by Medicaid eligibility group (column 13), so this type of information is not new. However, using this information in conjunction with the monthly enrollment data in Table 1 is new and allows CMS to calculate a lower bound estimate of turnover in Medicaid enrollment across states and across eligibility groups.¹ Enrollment at the end of the year in December (from Table 1) can be compared to the number of people ever enrolled during the year (column 13 of Table 2) to measure the rate at which people have departed the program and to determine the extent to which this rate varied by eligibility group and/or by state. In recent years, turnover has become a major concern, particularly for children. Research has shown that many uninsured children who appeared to be Medicaid eligible, were previously enrolled in Medicaid, but no longer are participating. With MSIS data, analysts now have some information for determining the extent to which turnover is occurring among eligibility groups across states.

Information on enrollment duration during the year is also new, but these data have to be interpreted with caution. The distribution of enrollment durations could be skewed if there was substantial growth in an eligibility group during the year. For example, a very low proportion of the 1115 adult group (group 55) was enrolled all 12 months of 1999 because the size of the group almost doubled at year end. It is also better to measure enrollment duration over a longer time period, since individuals can have enrollment spells that last many years. Nevertheless, these data provide useful information when used appropriately.

¹A more complete measure of turnover would also count persons who disenrolled at any point earlier in the year, but had reenrolled before year end.

Findings

- About 42.7 million persons were ever enrolled in Medicaid at any point during 1999, compared to the December, 1999 enrollment level of 34 million. Thus, 8.7 million individuals were enrolled in Medicaid at some point in 1999, who were no longer enrolled at year end.
- In 1999, 21.4 million children were enrolled at some point during the year, with 16.7 million enrolled at year end. This means 4.7 million children were enrolled in Medicaid during 1999, but had lost enrollment by year end. The children who lost enrollment represent about 22 percent of those ever enrolled during the year, providing a measure of program turnover. This level of turnover is not necessarily inappropriate. Some children who leave Medicaid “age out” of eligibility. Others leave Medicaid because family income exceeds the Medicaid financial standards. In addition, some children leaving Medicaid become eligible for separately administered State Children Health Insurance Programs (SCHIP), or they become privately insured. However, given that many uninsured children are reported to be Medicaid eligible but not enrolled, a state with a relatively high rate of turnover for children may want to investigate whether some children may be disenrolled from Medicaid inappropriately.
- Using this same measure of turnover, 15 percent of the aged lost enrollment during the year. Previous research suggests that, once enrolled, the majority of the elderly remain on Medicaid until death. Persons who were disabled had the lowest turnover rate, with only 9 percent of those ever enrolled in 1999 no longer enrolled at year end.
- The highest turnover rate occurred with adults, the eligibility group encompassing parents, caretaker relatives and pregnant women. About 28 percent of adults enrolled during the year were not enrolled at year end.
- About 55 percent of those ever enrolled during the year, or 23.5 million individuals, were enrolled in Medicaid in all 12 months of 1999.
- Aged and disabled individuals receiving SSI benefits (groups 11 and 12) were enrolled longer during the year than any other eligibility group, with about 85 percent of eligibles remaining enrolled in Medicaid the entire year.
- The poverty-related adult group, which includes pregnant women (group 35) was enrolled for the least amount of time over the year, with only about 16 percent of eligibles remaining enrolled the entire year. This is not unexpected, since women in this group are generally only enrolled in Medicaid from a few months into pregnancy through 60 days postpartum.

- In general, disabled and aged persons were enrolled for longer than were persons in the child and adult groups in 1999. The four summary rows at the bottom of the table show that persons in the disabled groups were enrolled the longest of any group during 1999: 79 percent of disabled persons were enrolled all 12 months, compared to 72 percent of persons in the aged group. In contrast, about 52 percent of children and 36 percent of adults were enrolled the entire year. However, the duration of child enrollment was effectively reduced by newborns, while the duration of adult enrollment was reduced by pregnant women and the year end addition of the large 1115 group in California that was enrolled for only one month in 1999.

TABLES 3A-3B: Medicaid Managed Care Enrollment by Plan Type and Month in 1999

Tables 3A shows the number of Medicaid beneficiaries enrolled in any of the eight types of managed care plans during each month of 1999. The last column presents a monthly average for 1999. The state-specific footnotes describe the type of plan included in the “other” category. Persons could be counted in Table 3A more than once during a month if they were enrolled in more than one managed care plan. As a result, the table presents a “duplicated” count of enrollees. (An unduplicated count follows in Table 4.) Table 3B converts the data in Table 3A to a percent distribution by month; the percentages reflect the duplicated count in Table 3A.

Much of this information has not been available in the past. The number of persons enrolled in different types of Medicaid managed care each month was not reported in 2082 data. The only nationwide data on enrollment in Medicaid managed care from CMS has been the number of persons in different types of Medicaid managed care in June of each year (nationwide and at the state level). Since managed care enrollment levels can fluctuate during the year, this more comprehensive information in Table 3A is a useful addition. The MSIS data also provide enrollment for several types of managed care not explicitly reported in the other CMS data, including BHPs, dental plans, prenatal/delivery plans, LTC plans, and PACE plans.

Findings

- On average during 1999, 11.6 million Medicaid eligibles, or just over one-third of the Medicaid beneficiaries, were enrolled in HMOs. Close to 5 million individuals were enrolled in dental managed care plans under Medicaid; 3.6 million were enrolled in PCCMs; and 3.3 million were enrolled in BHPs. Enrollment in three types of plan – prenatal/delivery, long-term care and PACE – was considerably smaller, with a combined total of 44,000 a month nationwide. Finally, almost 900,000 Medicaid beneficiaries were enrolled on average in “other” managed care plans during 1999.
- During 1999, the number of Medicaid enrollees in each of the eight types of managed care increased each month. HMO enrollment increased by just over 2 percent from January to December. BHP enrollment grew by 10 percent, PCCM enrollment grew 8 percent, and dental plan enrollment increased by less than 1 percent. Enrollment in the prenatal/delivery plans and “other” plans increased at even greater rates, but these plans continued to be relatively small nationwide relative to the other types of plans.

- Although not explicitly reported in Table 3A, all but 3 states (Alaska, Louisiana, and Wyoming) reported some enrollment in at least one type of Medicaid managed care during the year. The number of states reporting enrollment in each type of managed care was as follows: HMO – 45 states; dental – 3 states; BHP – 13 states; prenatal/delivery – 1 state; LTC – 1 state; PACE – 6 states; PCCMs – 28 states; and “other” – 9 states.

TABLES 4A-4C: Medicaid Managed Care Enrollment by Plan Type Combination and Month in 1999

Table 4A presents an unduplicated count of Medicaid managed care enrollment nationwide, showing, for each month, the number of Medicaid enrollees in only one type of managed care plan as well as the number in more than one type of plan. Table 4B converts the data in Table 4A to a percent distribution by month. The last column of the tables presents average monthly data.

Table 4C provides state-by-state information, showing monthly Medicaid enrollment by plan type combination for each state during December 1999. This table indicates the extent to which individual states were using various types of managed care, including combinations with more than one plan.

This information on Medicaid managed care is completely new and confirms that a sizeable proportion of Medicaid eligibles participated in more than one type of managed care plan during 1999.

Findings

- In every month of 1999, about 55 percent of Medicaid beneficiaries were enrolled in some type of managed care. Just over 37 percent were enrolled in only one type of managed care plan, while 18 percent were enrolled in more than one type of plan. The two most frequent combinations were HMO/dental and HMO/BHP. Enrollment patterns changed little from month to month over the year.
- On average and in every month, 20 percent of beneficiaries were enrolled only in an HMO, 8 percent only in a PCCM, 6 percent only in a dental plan, 8 percent in an HMO and dental combination, and 6 percent in an HMO and BHP plan combination. An additional 1.7 percent were enrolled in a PCCM/BHP combination, while 1.4 percent were enrolled solely in a BHP. Enrollment in other single or combination plan types was less than 4 percent.
- As depicted in Table 4C, the December MSIS data show that two states accounted for most of the enrollment in more than one managed care plan. California's Medicaid program accounted for almost all the enrollees in the HMO/dental plan combination. Of the 2.6 million enrollees in the HMO/dental combination in December 1999, 2.5 million were from California. Similarly, Tennessee's Medicaid program accounted for about two-thirds of the enrollment in the HMO/BHP combination (1.3 of the 2.1 million enrollees in the HMO/BHP combination).

TABLE 5: Duration of HMO and PCCM Enrollment (in Months) for Persons Continuously Enrolled 12 Months in Medicaid in 1999

In 1999, about 23.5 million persons were enrolled in Medicaid all 12 months of the year. For these individuals, Table 5 shows the number who were enrolled in HMOs and PCCMs for the entire year and those who were enrolled in HMOs or PCCMs for 6 to 11 months. The count in this table is duplicated, since an individual could have been enrolled in an HMO for 6 months and then in a PCCM for 6 months, in which case he or she would have been counted twice.

This information was not previously available from CMS and sheds light on the extent to which persons on Medicaid participated in HMOs and PCCMs year round. Continuity in enrollment is a critical component for Medicaid managed care to work as expected.

Findings

- Of the 23.5 million persons continuously enrolled in Medicaid for all of 1999, about 30 percent were continuously enrolled in HMOs, and about 8 percent were continuously enrolled in PCCMs.

TABLES 6A-6B: Medicaid Managed Care Enrollment by Plan Type and Age Group in December 1999

While Tables 1-5 provided annual information for 1999, Tables 6-14 provide information from MSIS for a one month time period. By limiting the time period to one month, more detailed information from the MSIS data base can be used. Table 6A shows the number of Medicaid enrollees in each type of managed care plan by age group in December 1999. The count is duplicated since individuals could have been enrolled in more than one type of managed care plan, in which case, they would have been counted more than once. It is important to note that the working-age adult group (21 to 64 years) includes both disabled enrollees and adult enrollees who are parents, caretaker relatives or pregnant women. Table 6B converts the data in Table 6A to a percent distribution by age cohort; percentages reflect the duplicated counts in Table 6A.

National data on Medicaid managed care participation by age cohort have not been available before. Thus, in the past, it was not possible to determine the extent to which age groups, such as infants or the very old, were participating in various types of managed care plans.

Findings

- In December 1999, the likelihood of being enrolled in any type of Medicaid managed care generally declined with age except for infants. About two-thirds of Medicaid children ages 1 to 15 were enrolled in some type of managed care. About 60 percent of infants were enrolled in some type of managed care, slightly below the rate for children in the 1-to-15-year-old group. The rate dropped to 56 percent for enrollees age 15 to 20. Just under half of working-age adults (age 21-64) were enrolled in some type of managed care plan. For persons age 65 or older, the likelihood of enrollment in a managed care plan was lower still and declined with age. Of those in the 65-to-74-year-old group, 33 percent were enrolled in some type of managed care, compared to 27 percent in the 75-to-84-year-old group and 21 percent of those over age 85.
- For infants, children and working-age adults, the highest managed care participation rates were for HMOs, followed by PCCMs, dental plans, and BHPs. Medicaid enrollees age 65 or older were most likely to be enrolled in dental managed care plans, followed by HMOs and then BHPs. Only one to two percent of aged Medicaid enrollees were reported to be enrolled in PCCM plans.
- Children were almost twice as likely as working-age adults to be enrolled in PCCM plans. However, most of the disabled individuals are included in the working-age adult population, so this may explain the difference.

TABLES 7A-7B: Medicaid Managed Care Enrollment by Plan Type Combination and Age Group in December 1999

Table 7A shows the number of Medicaid beneficiaries, by age group, enrolled in one plan type or plan type combinations in December 1999. The count is unduplicated. Table 7B converts the data in Table 7A to a percent distribution by age cohort.

Findings

- Of the 18.6 million children under age 21 on Medicaid in December 1999, about 27 percent were only enrolled in HMOs. Another 11 percent were only enrolled in PCCM plans. About 10 percent were enrolled in an HMO and a dental managed care plan, and about 6 percent were enrolled in an HMO and a BHP. Finally, about 4 percent were only enrolled in dental managed care plans.
- Working-age adults (age 21 to 64) on Medicaid numbered 11.1 million in December 1999. A slight majority of this group (52 percent) were not enrolled in any type of managed care plan. About 15 percent were only enrolled in an HMO. About 8 percent were enrolled in an HMO and a BHP, and about 7 percent were enrolled in an HMO and a dental managed care plan. Another 5 percent were only enrolled in a PCCM plan. Finally, just under 7 percent were only enrolled in dental managed care plans.
- Among the elderly on Medicaid in December 1999, the vast majority (72 percent) were not enrolled in any form of managed care. About 13 percent were enrolled in dental managed care plans. Another 10 percent were enrolled in HMOs, sometimes in combination with dental plans and/or BHPs.

TABLES 8A-8B: Medicaid Managed Care Enrollment by Plan Type and Eligibility Group for December 1999

Table 8A shows the number of Medicaid enrollees, by eligibility group, in each of the eight types of managed care plans in December 1999. The count is duplicated because an individual could have been enrolled in more than one type of plan, in which case he or she would have been counted more than once. Table 8B converts the data in Table 8A to a percent distribution; the percentages reflect the duplicated counts in Table 8A.

Data have not been available in the past showing the differences in managed care enrollment across Medicaid eligibility groups. A priori, it seemed likely that all the medically needy groups, the poverty-related aged and disabled groups, and the other aged and other disabled groups would have relatively lower rates of managed care enrollment. The medically needy often have intermittent Medicaid eligibility due to the spend-down requirements, making it more difficult for them to have the continuity in enrollment important to managed care. The poverty-related aged and disabled would not be likely to enroll in managed care plans in many states, since their Medicaid benefits are limited to Medicare cost-sharing expenses. The other aged and other disabled groups include many of the institutionalized, making them less likely to enroll in managed care.

Although managed care enrollment numbers are reported for the 1115 eligibility groups in Table 8A, they are analyzed separately, since the 1115 demonstration programs across states vary considerably in their size and focus.

Findings

- Overall, 25 percent of aged individuals and 43 percent of disabled individuals on Medicaid were enrolled in some type of managed care in December 1999. Those in the SSI-related eligibility groups were most likely to be managed care participants, with 38 percent of SSI aged and 50 percent of SSI disabled persons enrolled in some type of managed care plan. For SSI aged persons, about 22 percent were enrolled in dental plans, 13 percent were in HMOs, 7 percent were in BHPs and less than 3 percent were in PCCMs. Among SSI disabled persons, 21 percent were enrolled in HMOs, 15 percent were in dental plans, 12 percent were in BHPs and 11 percent were in PCCMs. Only 31 percent of the aged and 22 percent of the disabled medically needy groups reported any managed care plan enrollment. As expected, the rates were lower for the poverty-related and other aged and disabled groups.
- Similarly, children and adults in the AFDC cash assistance-related (Section 1931) groups were more likely to be enrolled in some type of managed care plan than children and adults in any of the other eligibility groups. The overall managed care participation rate for children on Medicaid was 67 percent, but

it was 76 percent for AFDC children. The overall rate for parents or adults was 52 percent, but 72 percent for AFDC adults. For the remaining child eligibility groups, 69 percent of children in the other eligibility group were enrolled in some type of managed care plan, compared to 66 percent of children in the medically needy group and 60 percent of children in the poverty-related group. Only 42 percent of foster care children were enrolled in some type of managed care plan, the lowest managed care participation rate for children.

- Compared to AFDC adults, the managed care enrollment rates for medically needy adults and other adults were lower with 52 percent and 60 percent, respectively, enrolled in some type of managed care plan. Only 33 percent of poverty-related adults were enrolled in some type of managed care. This lower rate probably results in part because this group consists entirely of pregnant or post-partum women.
- About 89 percent of children and 82 percent of disabled individuals who were eligible for Medicaid through state 1115 demonstration programs were enrolled in some type of managed care plan. In contrast, only 31 percent of 1115 adults were enrolled in some type of managed care. However, a majority of the 1115 adults only qualified for limited family planning benefits. None of the 1115 aged were in managed care. (Only Vermont reported any 1115 aged enrollees, and their benefits were limited to pharmaceutical coverage and Medicare cost-sharing.)

TABLES 9A-9B: Managed Care Enrollment by Plan Combination and Eligibility Group in December 1999

Table 9A shows the number of Medicaid beneficiaries, by eligibility group, enrolled in only one plan type or the various plan type combinations in December 1999. The counts in this table are unduplicated. Table 9B converts the data in Table 9A to a percent distribution by eligibility group.

As with Table 8, the findings for 1115 eligibles are analyzed separately.

Findings

- Overall, 23 percent of adults, 21 percent of children, 13 percent of disabled persons, and 6 percent of aged persons were enrolled in more than one type of managed care plan in December 1999.
- Most of the children and adults in more than one type of managed care plan were in the AFDC and medically needy eligibility groups, and they were in the HMO/dental plan combination. As discussed earlier, California accounted for the vast majority of children and adults enrolled in HMO and dental plan combinations.
- Aged and disabled persons in the SSI groups were more likely to be in more than one type of managed care than aged and disabled persons in the other eligibility groups. About 9 percent of aged SSI enrollees and 14 percent of disabled SSI enrollees were in more than one type of managed care plan.
- Over 77 percent of persons in the 1115 disabled group were enrolled in an HMO and a BHP, as were about 50 percent of the 1115 children and 13 percent of the 1115 adults. TennCare 1115 enrollees were the dominant population in all these groups, except 1115 adults.

TABLES 10A-10F: Managed Care Enrollment for Disabled Persons and Children in Foster Care by Age Cohort, Gender and Plan Type in December 1999

Table 10A shows managed care enrollment patterns for two groups of special interest to policymakers: disabled persons and children in foster care. For both groups, results are presented by age. For disabled persons, results are also stratified by eligibility group. Tables 10B and 10C present the same information for females and males, respectively. These special compilations of data on disabled and foster care enrollees were requested by OASPE staff. The counts in these three tables are duplicated, since an individual could have been enrolled in more than one type of managed care plan in December 1999, in which case he or she would have been counted more than once. Tables 10D-F convert the data in Tables 10A-C to a percent distribution; percentages reflect the duplicated counts in Tables 10A-C.

Three age groups are used for disabled persons: under age 21, age 21-64, and age 65 and older. Unlike other Medicaid eligibility groups, disabled persons can be any age. Children can qualify as disabled if they have medically determinable physical or mental impairment which result in marked and severe functional limitations that are expected to last for a continuous period of not less than 12 months, or to result in death.² Low-income working age adults are considered disabled if they are unable to engage in substantial gainful activity by reason of any medically determinable mental or physical impairment which can be expected to result in death or can be expected to last for a continuous period of not less than 12 months. Finally, some (but not all) states report persons age 65 and over as disabled. Generally, disabled persons who are age 65 or over in Medicaid data are persons who initially qualified for Medicaid as disabled who continue to be reported in the disabled eligibility group when they turn age 65. Six age groups are used for foster care children: less than 1 year, 1 to 4 years, 5 to 9 years, 10 to 14 years, 15 to 18 years and over age 18.

Findings

- As reported earlier, in December 1999, just over half (57 percent) of the disabled enrolled in Medicaid were not enrolled in any type of managed care plan (Table 10D). The pattern is similar for foster care children – about 58 percent were not enrolled in any type of managed care plan.
- Three-quarters of the disabled persons enrolled in Medicaid in December 1999 qualified through the SSI eligibility group. Disabled persons in the SSI group were more likely to be participating in a managed care plan than disabled persons in the medically needy, poverty-related and other eligibility

² SSI disability rules for children only apply to those under age 18. This age group includes persons ages 18 to 20 who would have to satisfy adult disability rules to qualify for Medicaid.

groups. Within the SSI group, children were more likely than disabled persons in the other two age groups to be participating in a managed care plan. About 55 percent of children under age 21 in the SSI group were participating in some type of managed care, compared to 49 percent of SSI disabled persons aged 21 to 64, and 45 percent age 65 or older (Table 10D).

- Foster care children did not show major differences in managed care participation by age (Table 10D).
- Managed care enrollment patterns did not differ by gender for disabled beneficiaries and foster care children (Tables 10E and 10F).

TABLES 11A-11F: Managed Care Enrollment for Persons in Disabled and Foster Care Eligibility Groups by Age Cohort and Sex by Plan Type Combination in December 1999

Table 11A shows the number of individuals in the disabled and foster care groups by age cohort who were enrolled in more than one type of managed care plan. Tables 11B and 11C show the same information for females and males, respectively. Tables 11D-F convert the data in Tables 11A-C to a percent distribution. All counts are unduplicated.

Findings

- About half of the disabled HMO enrollees were also enrolled in other managed care plans (Table 11D). Overall, 9 percent of the disabled were in HMOs only, 7 percent were in HMOs and BHPs, and about 2 percent were enrolled in HMOs and dental plans.
- Just over half the children in foster care who were enrolled in HMOs were also enrolled in other managed care plans (Table 11D). Overall, just under 10 percent of foster care children were in HMOs only, 4 percent were in HMOs and BHPs, 3 percent were enrolled in HMOs and dental plans, and 1 percent were enrolled in all three types of plans.

TABLES 12A-12D: Managed Care Enrollment for Persons in Aged and Disabled Eligibility Groups by Dual Eligible Status by Plan Type in December 1999

Tables 12A and 12B show the number of aged and disabled persons, respectively, who were dually eligible for Medicaid and Medicare and enrolled in managed care plans in December 1999. The counts in these tables are duplicated, since an individual could have been enrolled in more than one type of plan, in which case he or she would have been counted twice. Tables 12C and 12D convert the data in Tables 12A and 12B to a percent distribution; the percentages reflect duplicated counts in Tables 12A and 12B.

Managed care programs for dual eligibles are complicated because Medicare is the first payor, and state Medicaid programs are generally responsible for Medicare copayments, deductibles and premiums. In addition, Medicaid programs have total responsibility for some services, such as prescription drugs and long-term care, which are not covered by Medicare.

Findings

- Just under 88 percent of aged Medicaid enrollees were dually eligible for Medicaid and Medicare in December 1999 (Table 12A). This is believed to be an undercount, since not all states were able to fully identify their dual eligible population. For the most part, the only Medicaid beneficiaries over age 65 who would not qualify for some Medicare coverage are some groups of noncitizen immigrants.
- About 37 percent of disabled Medicaid enrollees were dually eligible for Medicaid and Medicare in December 1999 (Table 12B). The majority of disabled persons on Medicaid do not qualify for Medicare, either because they have not worked enough quarters with contributions to Social Security to have qualified for Social Security benefits, or because they are in the two-year waiting period between the commencement of Social Security benefits and eligibility for Medicare. Generally, disabled children are not able to qualify for Medicare benefits, since they have not worked and contributed to Social Security.
- Aged and disabled dual eligibles were less likely to be enrolled in some type of managed care plan than aged and disabled persons not identified as dual eligibles. About 24 percent of aged dual eligibles were enrolled in some type of managed care, versus 35 percent for aged persons who were not identified as dual eligibles (Table 12C). About 31 percent of disabled dual eligibles were enrolled in some type of managed care, versus 50 percent of disabled persons who were not dual eligibles (Table 12D).

TABLES 13A-13D: Managed Care Enrollment for Persons in Aged and Disabled Eligibility Groups by Dual Eligible Status by Plan Type Combination in December 1999

Tables 13A and 13B show the number of aged and disabled dual eligibles enrolled in more than one type of managed care in December, 1999. Counts in these tables are unduplicated. Tables 13C and 13D convert the data in Tables 13A and 13B to a percent distribution.

Findings

- As reported earlier, aged and disabled dual eligibles were less likely than non-dual eligible aged and disabled persons to be in some type of managed care plan. However, if they were enrolled in HMOs, they were more likely to be also enrolled in another type of managed care. Almost two-thirds (65 percent) of the aged dual eligibles enrolled in HMOs were enrolled in other managed care plans as well (Table 13A). About 71 percent of the disabled dual eligibles enrolled in HMOs were also enrolled in other types of managed care (Table 13B).
- For the non-dual eligible aged and disabled, just over 40 percent of those enrolled in HMOs were also enrolled in other types of managed care, respectively (Tables 13A and 13B).

TABLE 14: Persons with Managed Care Enrollment by Plan Type by County for December 1999

Each set of state tables also includes a final table, showing the number of enrollees in each type of managed care for each county in the state. It was not possible to summarize these county-based tables at the national level.

Table 1A: Persons Enrolled in Medicaid by Eligibility Group by Month in 199

Eligibility Group	January	February	March	April	May	June	July	August	September	October	November	December	Monthly Average
11: SSI Aged	1,630,767	1,626,891	1,623,445	1,620,575	1,617,847	1,615,357	1,615,106	1,613,920	1,612,453	1,599,282	1,596,770	1,592,832	1,613,770
12: SSI Disabled	5,193,922	5,192,490	5,194,205	5,199,886	5,200,818	5,195,623	5,204,081	5,206,501	5,196,637	5,226,399	5,219,580	5,202,900	5,202,754
14: AFDC Child	5,552,609	5,505,954	5,539,167	5,438,878	5,406,099	5,353,941	5,355,207	5,372,688	5,332,296	5,305,816	5,279,518	5,249,163	5,390,945
15: AFDC Adult	2,221,668	2,183,611	2,220,332	2,195,844	2,159,648	2,137,531	2,154,275	2,148,727	2,138,986	2,152,131	2,136,520	2,121,640	2,164,243
16: AFDC-Unemployed Child	424,881	422,959	419,769	411,313	404,817	395,395	371,966	365,448	358,192	333,863	325,672	323,936	379,851
17: AFDC-Unemployed Adult	255,282	252,099	249,056	243,606	237,918	230,935	214,086	208,248	203,640	198,460	192,854	192,884	223,256
21: Medically Needy Aged	511,181	509,826	511,873	512,003	511,506	512,971	512,984	513,550	513,867	514,944	514,552	515,642	512,908
22: Medically Needy Disabled	378,745	377,186	379,224	380,867	378,599	378,724	378,478	378,283	378,041	383,408	441,924	443,049	389,711
24: Medically Needy Child	1,144,781	1,151,924	1,163,388	1,157,721	1,148,405	1,139,318	1,127,851	1,116,285	1,102,333	1,119,574	1,130,784	1,141,859	1,137,019
25: Medically Needy Adult	563,572	568,605	577,445	576,721	573,501	570,717	569,375	565,354	560,628	566,324	564,447	567,436	568,677
31: Poverty-Related Aged	639,816	645,488	651,065	654,759	659,616	663,760	668,259	672,717	676,619	664,750	668,476	672,461	661,482
32: Poverty-Related Disabled	482,017	487,246	493,937	501,980	507,862	511,772	517,977	522,499	525,385	534,028	538,356	541,848	513,742
34: Poverty-Related Child	6,028,125	6,100,903	6,218,921	6,312,476	6,380,481	6,460,225	6,564,635	6,661,941	6,718,683	6,861,108	6,894,965	6,898,674	6,508,428
35: Poverty-Related Adult	771,374	776,054	786,786	789,704	791,140	795,833	802,321	811,471	807,309	823,739	818,107	807,625	798,455
41: Other Aged	827,269	823,773	823,312	822,507	821,015	822,225	828,339	830,207	830,416	839,936	838,168	835,680	828,571
42: Other Disabled	464,197	464,789	467,433	469,761	468,294	469,540	476,942	477,211	476,753	480,987	482,225	485,081	473,601
44: Other Child	1,995,199	1,996,238	1,932,479	1,942,370	1,949,132	1,961,654	1,974,433	1,954,903	1,946,389	1,954,561	1,952,251	1,952,036	1,959,304
45: Other Adult	1,133,099	1,140,808	1,109,226	1,124,752	1,130,571	1,137,304	1,147,086	1,149,133	1,143,827	1,164,079	1,161,813	1,167,279	1,142,415
48: Foster-Care Child	686,355	687,983	691,491	698,917	702,497	707,829	691,050	706,003	705,917	710,172	712,006	712,328	701,046
51: 1115 Aged	5,833	5,883	6,223	6,504	6,815	7,231	6,985	7,152	7,258	7,356	7,478	7,661	6,865
52: 1115 Disabled	47,484	48,162	48,414	48,789	50,377	50,816	50,859	51,379	51,516	51,077	51,138	51,400	50,118
54: 1115 Child	313,971	323,298	334,431	342,938	354,470	363,884	371,873	383,787	394,550	402,311	411,160	417,743	367,868
55: 1115 Adult	888,475	927,809	948,395	964,366	988,059	1,004,549	1,019,194	1,036,496	1,042,466	1,050,352	1,058,733	2,097,198	1,085,508
99: Unknowr	6,571	6,742	6,856	6,769	6,745	6,749	6,651	6,427	6,777	7,200	6,564	6,694	6,729
Total Eligibles	32,167,193	32,226,721	32,396,873	32,424,006	32,456,232	32,493,883	32,630,013	32,760,330	32,730,938	32,951,857	33,004,061	34,005,049	32,687,263
Total Aged	3,614,866	3,611,861	3,615,918	3,616,348	3,616,799	3,621,544	3,631,673	3,637,546	3,640,613	3,626,268	3,625,444	3,624,276	3,623,596
Total Disabled	6,566,365	6,569,873	6,583,213	6,601,283	6,605,950	6,606,475	6,628,337	6,635,873	6,628,332	6,675,899	6,733,223	6,724,278	6,629,925
Total Childrer	16,145,921	16,189,259	16,299,646	16,304,613	16,345,901	16,382,246	16,457,015	16,561,055	16,558,360	16,687,405	16,706,356	16,695,739	16,444,460
Total Adults	5,833,470	5,848,986	5,891,240	5,894,993	5,880,837	5,876,869	5,906,337	5,919,429	5,896,856	5,955,085	5,932,474	6,954,062	5,982,553

Table 1B: State Medicaid Enrollment by Eligibility Group in January and December 1999

State	Total Enrollees			Total Aged			Total Disabled			Total Children			Total Adults		
	January	December	% Difference	January	December	% Difference	January	December	% Difference	January	December	% Difference	January	December	% Difference
AL	546,427	553,016	1.21	71,970	75,214	4.51	160,038	163,793	2.35	280,511	282,559	0.73	33,786	31,374	-7.14
AK ¹	58,641	77,801	32.67	4,953	5,278	6.56	8,728	9,244	5.91	31,711	47,612	50.14	13,249	15,667	18.25
AZ	451,761	468,805	3.77	25,531	25,007	-2.05	80,370	80,391	0.03	251,386	267,533	6.42	94,474	95,874	1.48
AR	369,123	396,096	7.31	47,454	47,407	-0.10	93,599	91,379	-2.37	160,390	176,868	10.27	67,665	80,429	18.86
CA ²	5,006,705	6,082,451	21.49	498,878	510,872	2.40	836,306	850,363	1.68	2,562,286	2,547,347	-0.58	1,109,226	2,173,869	95.98
CO	253,107	266,022	5.10	37,455	38,141	1.83	57,339	57,664	0.57	125,369	134,644	7.40	32,872	35,466	7.89
CT	346,640	350,510	1.12	47,391	47,634	0.51	50,420	51,101	1.35	190,727	196,449	3.00	58,102	55,326	-4.78
DE ³	85,578	93,589	9.36	6,697	7,237	8.06	14,037	14,139	0.73	41,288	44,284	7.26	23,556	27,929	18.56
DC	120,172	128,168	6.65	8,565	8,587	0.26	26,314	27,303	3.76	60,578	64,553	6.56	24,680	27,690	12.20
FL	1,543,455	1,624,694	5.26	203,381	193,614	-4.80	380,125	384,263	1.09	733,079	779,239	6.30	226,865	267,577	17.95
GA ⁴	968,921	906,025	-6.49	91,321	94,837	3.85	197,516	195,210	-1.17	543,714	497,923	-8.42	136,368	118,055	-13.43
HI	165,118	159,583	-3.35	16,097	15,135	-5.98	17,888	18,633	4.16	74,543	73,074	-1.97	56,590	52,741	-6.80
ID	90,715	99,056	9.19	9,308	9,356	0.52	19,149	20,217	5.58	52,419	58,711	12.00	9,839	10,772	9.48
IL	1,346,424	1,392,193	3.40	98,148	98,085	-0.06	256,357	258,335	0.77	736,872	784,037	6.40	255,047	251,736	-1.30
IN	509,080	576,923	13.33	59,647	61,445	3.01	85,870	91,820	6.93	298,296	350,814	17.61	65,266	72,809	11.56
IA	227,095	226,980	-0.05	34,099	34,264	0.48	49,424	49,989	1.14	104,997	106,066	1.02	38,575	36,661	-4.96
KS	180,214	194,245	7.79	24,645	24,267	-0.07	42,709	43,257	1.28	93,189	107,709	15.58	19,671	18,651	-5.19
KY	527,246	552,244	4.74	60,656	60,111	-0.90	175,350	179,174	2.18	225,298	253,347	12.45	65,936	59,612	-9.59
LA	606,061	638,242	5.31	82,986	81,108	-2.26	155,076	152,264	-1.81	305,185	344,974	13.04	62,811	59,896	-4.64
ME	163,443	164,379	0.57	21,113	20,799	-1.49	41,972	44,595	6.25	74,992	74,189	-1.07	25,366	24,796	-2.25
MD ⁵	488,794	593,161	21.35	44,885	44,858	-0.06	101,100	158,650	56.92	251,206	289,743	15.34	91,603	99,910	9.07
MA	882,956	922,411	4.47	87,532	93,103	6.36	202,600	207,078	2.21	365,966	377,536	3.16	226,858	244,694	7.86
MI	1,062,729	1,061,334	-0.13	81,546	81,583	0.05	253,213	252,671	-0.21	563,124	571,053	1.41	164,657	155,752	-5.41
MN	450,803	453,391	0.57	51,104	52,310	2.36	69,838	73,190	4.80	233,870	232,421	-0.62	95,991	95,470	-0.54
MS	423,879	449,853	6.13	57,844	57,924	0.14	137,243	137,234	-0.01	199,481	222,580	11.58	29,307	32,114	9.58
MO	654,121	767,445	17.32	83,872	85,647	2.12	109,112	114,039	4.52	385,843	427,224	10.72	75,294	140,535	86.65
MT	67,918	68,236	0.47	7,286	7,516	3.16	14,396	14,477	0.56	33,666	34,189	1.55	12,569	12,052	-4.11
NE	172,459	184,804	7.16	18,384	18,877	2.68	24,073	24,741	2.77	96,471	105,473	9.33	28,501	29,882	4.85
NV	99,934	98,366	-1.57	13,029	13,352	2.48	20,500	21,215	3.49	51,734	49,878	-3.59	14,639	13,919	-4.92
NH	80,439	82,283	2.29	10,080	10,227	1.46	11,102	11,746	5.80	48,573	50,157	3.26	10,678	10,153	-4.92
NJ	689,308	686,226	-0.45	93,365	93,830	0.50	150,248	149,270	-0.65	341,347	354,035	3.72	104,348	89,091	-14.62
NM	278,160	299,074	7.52	18,487	18,789	1.63	43,851	44,153	0.69	178,484	192,487	7.85	37,338	43,645	16.89
NY	2,789,855	2,762,844	-0.97	333,911	331,973	-0.58	604,576	611,029	1.07	1,205,410	1,202,337	-0.25	645,958	617,505	-4.40
NC	911,671	934,780	2.53	150,532	154,171	2.42	191,771	197,074	2.77	449,366	469,079	4.39	119,131	114,456	-3.92
ND	44,628	44,721	0.21	7,773	7,826	0.68	7,993	8,163	2.13	21,770	21,488	-1.30	7,091	7,244	2.16
OH	1,060,283	1,059,701	-0.05	121,603	120,634	-0.80	225,030	225,094	0.03	556,566	577,732	3.80	157,062	136,239	-13.26
OK	353,174	422,385	19.60	53,069	53,442	0.70	62,617	64,076	2.33	191,198	256,215	34.01	46,290	48,652	5.10
OR	371,985	368,798	-0.86	32,518	33,566	3.22	50,299	53,493	6.35	159,528	157,581	-1.22	129,636	123,974	-4.37
PA	1,422,997	1,436,374	0.94	167,666	169,990	1.39	330,944	343,327	3.74	648,804	649,155	0.05	275,583	273,902	-0.61
RI	130,047	149,618	15.05	14,953	15,521	3.80	29,175	30,615	4.94	59,198	68,537	15.78	26,721	34,945	30.78
SC ⁶	611,976	644,066	5.24	69,663	58,462	-16.08	107,269	119,017	10.95	300,456	331,625	10.37	134,486	134,933	0.33
SD	69,523	73,364	5.52	8,439	8,489	0.59	14,392	14,177	-1.49	38,502	41,868	8.74	8,190	8,830	7.81
TN	1,336,184	1,338,132	0.15	87,492	75,443	-13.77	290,973	295,396	1.52	565,363	579,775	2.55	392,327	387,474	-1.24
TX	1,956,554	1,903,966	-2.69	307,188	312,042	1.58	313,119	310,584	-0.81	1,093,829	1,058,510	-3.23	242,418	222,830	-8.08
UT	133,056	130,025	-2.28	8,749	9,011	2.99	19,268	21,164	9.84	80,212	76,952	-4.06	24,827	22,898	-7.77
VT	99,057	116,765	17.88	13,216	15,315	15.88	15,234	16,369	7.45	46,332	53,518	15.51	24,269	31,509	29.83
VA	537,533	531,873	-1.05	80,468	81,586	1.39	114,701	116,762	1.80	279,719	275,220	-1.61	62,643	58,303	-6.93
WA ⁷	706,604	712,163	0.79	57,145	58,245	1.92	104,087	105,932	1.77	418,965	426,530	1.81	126,405	121,456	-3.92
WV	267,737	260,868	-2.57	27,415	26,975	-1.60	72,419	73,459	1.44	127,575	123,909	-2.87	40,328	36,525	-9.43
WI	411,409	461,489	12.17	51,528	50,866	-1.28	119,569	119,787	0.18	187,609	207,843	10.79	52,703	82,993	57.47
WY	35,494	35,511	0.05	3,829	3,945	3.03	7,066	7,162	1.36	18,924	19,157	1.23	5,675	5,247	-7.54
Nationa	32,167,193	34,005,049	5.71	3,614,866	3,624,276	0.26	6,566,365	6,724,278	2.40	16,145,921	16,695,739	3.41	5,833,470	6,954,062	19.21

FOOTNOTES:

¹ In Alaska, enrollment generally increased from month 1 to month 3 of each quarter and then decreased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.

² California introduced a very large 1115 waiver program (FPACT) in December, 1999, that only covered family planning benefits for working age women.

³ During 1999, Delaware changed how it was reporting children and adults into eligibility groups. As a result, any analysis of monthly enrollment patterns by eligibility group for children and adults would be difficult.

⁴ In Georgia, enrollment generally decreased from month 1 to month 3 of each quarter and then increased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.

⁵ In November and December, 1999, Maryland enrolled approximately 60,000 individuals whose Medicaid benefits had been improperly terminated in 1997 (during the implementation of welfare reform). For administrative convenience, the state decided to report these individuals into the medically needy disabled eligibility group. These individuals should have been reported into the AFDC or other eligibility groups (14, 15, 44 or 45). This error was eventually corrected in MSIS data, but not in time for these tables.

⁶ Beginning in October, 1999, South Carolina reported SSI disabled persons age 65 and over as "disabled." Prior to this, they were reported as SSI aged.

⁷ In Washington, enrollment generally declined from month 1 to month 3 of each quarter and then increased somewhat in month 1 of the next quarter. This recurring pattern of monthly enrollment within a quarter seems unlikely. The state's data should not be used for analysis of month-to-month enrollment, although it appears to be reliable at a more general level.

Table 2A: Duration of Medicaid Enrollment (in Months) for Persons Ever Enrolled in 1999 by Eligibility Group

Eligibility Group	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	Total
11: SSI Aged	18,674	19,712	25,443	20,695	20,514	22,844	19,690	20,234	24,392	21,777	22,900	1,499,291	1,736,166
12: SSI Disabled	59,313	60,951	97,572	68,260	72,841	89,058	70,404	74,400	93,393	81,414	91,376	4,772,980	5,631,962
14: AFDC Child	147,051	183,093	210,869	190,264	202,794	217,659	197,289	189,426	217,049	232,207	278,637	4,228,834	6,495,172
15: AFDC Adult	111,179	128,070	143,195	126,462	127,237	131,952	115,700	108,645	122,972	121,990	135,020	1,496,417	2,868,839
16: AFDC-Unemployed Child	9,302	10,660	12,826	11,960	13,461	13,767	12,753	12,181	13,214	14,417	15,625	302,356	442,522
17: AFDC-Unemployed Adult	15,177	17,322	18,892	15,857	16,141	15,002	12,766	11,234	11,120	10,998	11,319	149,737	305,565
21: Medically Needy Aged	37,085	31,789	33,136	26,927	25,030	25,047	22,262	20,893	23,373	21,868	21,156	379,316	667,882
22: Medically Needy Disabled	33,761	73,949	28,130	20,309	17,257	19,233	16,086	14,560	15,660	15,534	17,060	277,992	549,531
24: Medically Needy Child	94,367	79,518	92,510	81,769	81,199	80,716	79,963	75,212	79,202	84,151	84,239	670,598	1,583,444
25: Medically Needy Adult	95,886	68,145	71,198	58,592	55,960	55,956	50,680	47,206	47,389	47,514	43,667	278,226	920,419
31: Poverty-Related Aged	20,743	20,772	27,683	19,628	19,276	26,226	18,657	19,085	38,677	22,406	23,486	529,619	786,258
32: Poverty-Related Disabled	17,127	17,458	21,513	16,618	17,197	19,906	16,827	17,621	22,419	20,183	21,479	405,764	614,112
34: Poverty-Related Child	346,831	373,095	491,362	419,563	450,384	498,283	462,308	437,564	485,959	482,908	506,920	3,949,834	8,905,011
35: Poverty-Related Adult	119,685	124,128	147,939	116,963	120,818	125,252	110,202	103,359	109,489	87,852	61,930	228,777	1,456,394
41: Other Aged	42,539	43,009	51,215	37,308	34,542	37,119	30,675	29,835	34,952	31,227	30,522	643,404	1,046,347
42: Other Disabled	18,918	18,298	24,287	15,128	14,660	17,839	13,381	13,567	17,148	14,460	15,938	380,973	564,597
44: Other Child	127,084	126,963	150,668	127,830	128,778	142,321	124,690	121,961	135,815	137,425	151,796	1,160,060	2,635,391
45: Other Adult	144,920	115,794	112,398	96,704	92,322	101,295	88,174	84,359	88,395	86,582	82,934	620,532	1,714,409
48: Foster-Care Child	24,803	28,071	28,884	21,668	20,967	23,245	25,563	22,155	24,603	23,582	24,290	575,849	843,680
51: 1115 Aged	245	169	201	197	215	496	470	388	605	445	197	4,816	8,444
52: 1115 Disabled	1,403	1,923	1,467	1,317	1,350	1,500	1,215	2,251	1,552	1,622	1,652	41,626	58,878
54: 1115 Child	11,995	14,802	15,427	15,295	14,674	15,937	13,170	16,077	16,846	18,158	18,115	278,344	448,840
55: 1115 Adult	1,086,987	59,898	60,736	57,506	60,660	63,301	66,283	58,691	56,153	57,778	72,678	665,343	2,366,014
99: Unknown	1,032	428	382	256	179	186	123	99	76	52	74	959	3,846
Total	2,586,107	1,618,017	1,867,933	1,567,076	1,608,456	1,744,140	1,569,331	1,501,003	1,680,453	1,636,550	1,733,010	23,541,647	42,653,723
Total Aged	119,286	115,451	137,678	104,755	99,577	111,732	91,754	90,435	121,999	97,723	98,261	3,056,446	4,245,097
Total Disabled	130,522	172,579	172,969	121,632	123,305	147,536	117,913	122,399	150,172	133,213	147,505	5,879,335	7,419,080
Total Children	761,433	816,202	1,002,546	868,349	912,257	991,928	915,736	874,576	972,688	992,848	1,079,622	11,165,875	21,354,060
Total Adults	1,573,834	513,357	554,358	472,084	473,138	492,758	443,805	413,494	435,518	412,714	407,548	3,439,032	9,631,640

Note: Persons were assigned to the eligibility group where they had the longest period of enrollment

Table 2B: Percent Distribution of Duration of Medicaid Enrollment (in Months) for Persons Ever Enrolled in 1999 by Eligibility Gr

Eligibility Group	1 month	2 months	3 months	4 months	5 months	6 months	7 months	8 months	9 months	10 months	11 months	12 months	Total
11: SSI Aged	1.08	1.14	1.47	1.19	1.18	1.32	1.13	1.17	1.40	1.25	1.32	86.36	100.00
12: SSI Disabled	1.05	1.08	1.73	1.21	1.29	1.58	1.25	1.32	1.66	1.45	1.62	84.75	100.00
14: AFDC Child	2.26	2.82	3.25	2.93	3.12	3.35	3.04	2.92	3.34	3.58	4.29	65.11	100.00
15: AFDC Adult	3.88	4.46	4.99	4.41	4.44	4.60	4.03	3.79	4.29	4.25	4.71	52.16	100.00
16: AFDC-Unemployed Child	2.10	2.41	2.90	2.70	3.04	3.11	2.88	2.75	2.99	3.26	3.53	68.33	100.00
17: AFDC-Unemployed Adult	4.97	5.67	6.18	5.19	5.28	4.91	4.18	3.68	3.64	3.60	3.70	49.00	100.00
21: Medically Needy Aged	5.55	4.76	4.96	4.03	3.75	3.75	3.33	3.13	3.50	3.27	3.17	56.79	100.00
22: Medically Needy Disabled	6.14	13.46	5.12	3.70	3.14	3.50	2.93	2.65	2.85	2.83	3.10	50.59	100.00
24: Medically Needy Child	5.96	5.02	5.84	5.16	5.13	5.10	5.05	4.75	5.00	5.31	5.32	42.35	100.00
25: Medically Needy Adult	10.42	7.40	7.74	6.37	6.08	6.08	5.51	5.13	5.15	5.16	4.74	30.23	100.00
31: Poverty-Related Aged	2.64	2.64	3.52	2.50	2.45	3.34	2.37	2.43	4.92	2.85	2.99	67.36	100.00
32: Poverty-Related Disabled	2.79	2.84	3.50	2.71	2.80	3.24	2.74	2.87	3.65	3.29	3.50	66.07	100.00
34: Poverty-Related Child	3.89	4.19	5.52	4.71	5.06	5.60	5.19	4.91	5.46	5.42	5.69	44.36	100.00
35: Poverty-Related Adult	8.22	8.52	10.16	8.03	8.30	8.60	7.57	7.10	7.52	6.03	4.25	15.71	100.00
41: Other Aged	4.07	4.11	4.89	3.57	3.30	3.55	2.93	2.85	3.34	2.98	2.92	61.49	100.00
42: Other Disabled	3.35	3.24	4.30	2.68	2.60	3.16	2.37	2.40	3.04	2.56	2.82	67.48	100.00
44: Other Child	4.82	4.82	5.72	4.85	4.89	5.40	4.73	4.63	5.15	5.21	5.76	44.02	100.00
45: Other Adult	8.45	6.75	6.56	5.64	5.39	5.91	5.14	4.92	5.16	5.05	4.84	36.20	100.00
48: Foster-Care Child	2.94	3.33	3.42	2.57	2.49	2.76	3.03	2.63	2.92	2.80	2.88	68.25	100.00
51: 1115 Aged	2.90	2.00	2.38	2.33	2.55	5.87	5.57	4.59	7.16	5.27	2.33	57.03	100.00
52: 1115 Disabled	2.38	3.27	2.49	2.24	2.29	2.55	2.06	3.82	2.64	2.75	2.81	70.70	100.00
54: 1115 Child	2.67	3.30	3.44	3.41	3.27	3.55	2.93	3.58	3.75	4.05	4.04	62.01	100.00
55: 1115 Adult	45.94	2.53	2.57	2.43	2.56	2.68	2.80	2.48	2.37	2.44	3.07	28.12	100.00
99: Unknowr	26.83	11.13	9.93	6.66	4.65	4.84	3.20	2.57	1.98	1.35	1.92	24.94	100.00
Total	6.06	3.79	4.38	3.67	3.77	4.09	3.68	3.52	3.94	3.84	4.06	55.19	100.00
Total Aged	2.81	2.72	3.24	2.47	2.35	2.63	2.16	2.13	2.87	2.30	2.31	72.00	100.00
Total Disabled	1.76	2.33	2.33	1.64	1.66	1.99	1.59	1.65	2.02	1.80	1.99	79.25	100.00
Total Childrer	3.57	3.82	4.69	4.07	4.27	4.65	4.29	4.10	4.56	4.65	5.06	52.29	100.00
Total Adults	16.34	5.33	5.76	4.90	4.91	5.12	4.61	4.29	4.52	4.28	4.23	35.71	100.00

Table 3A: Persons with Managed Care Enrollment by Type by Month in 1999 (Duplicated Cour

Plan Type	January	February	March	April	May	June	July	August	September	October	November	December	Monthly Average
HMO	11,463,305	11,537,238	11,645,561	11,351,956	11,497,903	11,588,886	11,533,774	11,587,713	11,580,833	11,712,180	11,727,292	11,780,688	11,583,944
Dental	4,897,487	4,910,515	4,951,450	4,951,373	4,952,037	4,950,534	4,940,972	4,934,429	4,913,989	4,919,126	4,914,604	4,915,662	4,929,348
BHP	3,171,003	3,176,158	3,193,685	3,207,707	3,246,115	3,283,661	3,345,918	3,366,506	3,382,028	3,376,659	3,389,855	3,495,156	3,302,871
Prenatal/Delivery	12,274	12,348	12,450	12,620	13,013	12,490	13,062	15,064	15,062	16,574	16,329	15,969	13,938
LTC	25,124	25,241	25,400	25,347	25,484	25,674	26,091	26,252	26,111	26,200	26,183	25,981	25,757
PACE	4,078	4,120	4,147	4,190	4,197	4,217	4,220	4,257	4,346	4,415	4,464	4,493	4,262
PCCM	3,514,310	3,532,487	3,610,899	3,418,776	3,471,071	3,555,151	3,515,852	3,594,380	3,636,099	3,687,597	3,746,776	3,809,682	3,591,090
Other	672,447	701,618	693,754	840,265	850,555	871,361	950,035	961,115	956,831	980,335	979,232	979,355	869,742
Unknowr	10	14	10	627	630	631	643	646	1,366	719	869	825	583
Total (Unduplicated)	32,167,193	32,226,721	32,396,873	32,424,006	32,456,232	32,493,883	32,630,013	32,760,330	32,730,938	32,951,857	33,004,061	34,005,049	32,687,263

Table 3B: Percent Distribution of Managed Care Enrollment by Type by Month in 1999 (Duplicated Cour

Plan Type	January	February	March	April	May	June	July	August	September	October	November	December	Monthly Average
HMO	35.64	35.80	35.95	35.01	35.43	35.66	35.35	35.37	35.38	35.54	35.53	34.64	35.44
Dental	15.23	15.24	15.28	15.27	15.26	15.24	15.14	15.06	15.01	14.93	14.89	14.46	15.08
BHP	9.86	9.86	9.86	9.89	10.00	10.11	10.25	10.28	10.33	10.25	10.27	10.28	10.10
Prenatal/Delivery	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.05	0.05	0.05	0.05	0.05	0.04
LTC	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08	0.08
PACE	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
PCCM	10.93	10.96	11.15	10.54	10.69	10.94	10.77	10.97	11.11	11.19	11.35	11.20	10.98
Other	2.09	2.18	2.14	2.59	2.62	2.68	2.91	2.93	2.92	2.98	2.97	2.88	2.66
Unknown	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Table 4A: Persons with Managed Care Enrollment by Plan Type Combination by Month in 19

Managed Care Combination	January	February	March	April	May	June	July	August	September	October	November	December	Monthly Average
HMO Only	6,678,957	6,733,161	6,810,203	6,426,087	6,512,583	6,553,756	6,502,549	6,525,189	6,521,929	6,626,405	6,643,665	6,674,248	6,600,728
BHP Only	451,539	456,930	454,023	440,850	436,705	440,569	447,956	450,594	460,737	450,479	450,869	513,657	454,576
Dental Only	2,089,393	2,083,168	2,106,047	2,083,323	2,053,168	2,025,500	1,990,529	1,976,933	1,970,194	1,959,980	1,966,813	1,975,316	2,023,364
PCCM Only	2,548,299	2,564,530	2,632,890	2,401,350	2,467,424	2,506,118	2,558,765	2,626,498	2,677,964	2,640,776	2,693,394	2,748,834	2,588,904
Other PHP Only	359,383	387,911	381,794	439,969	472,142	454,076	493,649	510,477	520,896	496,323	492,339	486,453	457,951
HMO & BHP	1,921,360	1,921,529	1,929,399	1,943,642	1,970,982	1,993,385	2,042,499	2,057,010	2,060,941	2,071,357	2,080,298	2,120,163	2,009,380
HMO & Dental	2,505,238	2,525,506	2,542,049	2,556,258	2,578,024	2,600,343	2,625,366	2,641,509	2,635,203	2,660,260	2,652,305	2,644,631	2,597,224
HMO & Other PHP	1,224	1,343	1,909	57,996	58,152	59,124	89,020	89,297	90,747	100,418	101,597	101,557	62,699
HMO, BHP & Dental	247,699	246,658	247,924	257,537	266,038	267,547	269,488	263,932	257,335	245,304	243,323	235,345	254,011
PCCM & BHP	520,566	521,673	528,801	538,422	544,626	550,405	557,927	563,526	565,522	576,430	585,029	586,753	553,307
PCCM & Dental	3,560	3,495	3,434	3,441	3,652	3,625	3,629	3,539	3,497	23,764	23,086	23,015	8,478
PCCM & Other PHP	326,090	326,971	324,955	357,550	335,772	372,798	383,542	383,033	367,245	428,093	429,653	435,208	372,576
PCCM, BHP & Dental	6,971	6,798	6,749	7,589	7,500	7,484	7,138	7,008	7,193	10,098	9,511	11,131	7,931
BHP & Dental	17,494	17,887	18,243	16,395	16,581	18,732	17,661	17,721	17,179	17,095	16,997	23,562	17,962
Other Combination	135,946	136,006	141,058	137,215	139,152	142,340	31,987	34,550	38,047	11,038	8,644	7,240	80,269
FFS (Not MC Enrolled)	14,353,474	14,293,155	14,267,395	14,756,382	14,593,731	14,498,081	14,608,308	14,609,514	14,536,309	14,634,037	14,606,538	15,417,936	14,597,905
Total	32,167,193	32,226,721	32,396,873	32,424,006	32,456,232	32,493,883	32,630,013	32,760,330	32,730,938	32,951,857	33,004,061	34,005,049	32,687,263

Table 4B: Percent Distribution of Managed Care Enrollment by Plan Type Combination by Month in 19

Managed Care Combination	January	February	March	April	May	June	July	August	September	October	November	December	Monthly Average
HMO Only	20.76	20.89	21.02	19.82	20.07	20.17	19.93	19.92	19.93	20.11	20.13	19.63	20.20
BHP Only	1.40	1.42	1.40	1.36	1.35	1.36	1.37	1.38	1.41	1.37	1.37	1.51	1.39
Dental Only	6.50	6.46	6.50	6.43	6.33	6.23	6.10	6.03	6.02	5.95	5.96	5.81	6.19
PCCM Only	7.92	7.96	8.13	7.41	7.60	7.71	7.84	8.02	8.18	8.01	8.16	8.08	7.92
Other PHP Only	1.12	1.20	1.18	1.36	1.45	1.40	1.51	1.56	1.59	1.51	1.49	1.43	1.40
HMO & BHP	5.97	5.96	5.96	5.99	6.07	6.13	6.26	6.28	6.30	6.29	6.30	6.23	6.15
HMO & Dental	7.79	7.84	7.85	7.88	7.94	8.00	8.05	8.06	8.05	8.07	8.04	7.78	7.95
HMO & Other PHP	0.00	0.00	0.01	0.18	0.18	0.18	0.27	0.27	0.28	0.30	0.31	0.30	0.19
HMO, BHP & Dental	0.77	0.77	0.77	0.79	0.82	0.82	0.83	0.81	0.79	0.74	0.74	0.69	0.78
PCCM & BHP	1.62	1.62	1.63	1.66	1.68	1.69	1.71	1.72	1.73	1.75	1.77	1.73	1.69
PCCM & Dental	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.07	0.07	0.07	0.03
PCCM & Other PHP	1.01	1.01	1.00	1.10	1.03	1.15	1.18	1.17	1.12	1.30	1.30	1.28	1.14
PCCM, BHP & Dental	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.02	0.03	0.03	0.03	0.02
BHP & Dental	0.05	0.06	0.06	0.05	0.05	0.06	0.05	0.05	0.05	0.05	0.05	0.07	0.05
Other Combination	0.42	0.42	0.44	0.42	0.43	0.44	0.10	0.11	0.12	0.03	0.03	0.02	0.25
FFS (Not MC Enrolled)	44.62	44.35	44.04	45.51	44.96	44.62	44.77	44.60	44.41	44.41	44.26	45.34	44.66
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Table 4C: State Medicaid Managed Care Enrollment by Plan Type Combination in December 1999 (Unduplicated Count)

State	HMO Only	BHP Only	Dental Only	PCCM Only	Other PHP Only	HMO & BHP	HMO & Dental	HMO & Other PHP	HMO, BHP & Dental	PCCM & BHP	PCCM & Dental	PCCM & Other PHP	PCCM, BHP & Dental	BHP & Dental	Other Combinations	FFS (Not MC enrolled)	TOTAL
AL	4,050	0	0	7,902	73,444	0	0	**	0	0	0	259,651	0	0	0	207,960	553,016
AK	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	77,801	77,801
AZ	376,507	0	0	0	91,644	0	0	638	0	0	0	0	0	0	0	16	468,805
AR	0	0	0	54,248	0	0	0	0	0	0	0	0	0	0	0	341,848	396,096
CA	63,657	0	1,960,347	**	1,271	0	2,513,100	0	0	0	21,441	0	0	0	2,481	1,520,145	6,082,451
CO	762	84,180	0	178	0	87,644	0	0	0	50,931	0	0	0	0	0	42,327	266,022
CT	231,983	0	0	0	0	0	0	0	0	0	0	0	0	0	0	118,527	350,510
DE	72,391	0	0	0	0	0	0	0	0	0	0	0	0	0	0	21,198	93,589
DC	76,936	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51,232	128,168
FL	411,932	36,617	0	495,530	0	0	0	0	0	0	0	0	0	0	0	680,615	1,624,694
GA	19,122	0	0	553,782	0	0	0	0	0	0	0	0	0	0	0	333,121	906,025
HI	12	383	120	0	0	**	116,180	0	1,848	0	0	0	0	**	0	41,037	159,583
ID	0	0	0	31,256	0	0	0	0	0	0	0	0	0	0	0	67,800	99,056
IL	145,422	0	0	0	11,665	0	0	32	0	0	0	0	0	0	0	1,235,074	1,392,193
IN	103,008	0	0	224,850	0	0	0	0	0	0	0	0	0	0	**	249,064	576,923
IA	**	85,572	0	**	0	45,780	0	0	0	46,845	0	0	0	0	0	48,775	226,980
KS	30,860	0	0	97,784	0	0	0	0	0	0	0	0	0	0	0	65,601	194,245
KY	63,864	0	0	2	174,821	0	0	100,878	0	0	0	175,557	0	0	0	37,122	552,244
LA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	638,242	638,242
ME	3,825	0	0	37,665	0	0	0	0	0	0	0	0	0	0	0	122,889	164,379
MD	379,313	0	0	0	0	0	0	0	0	0	0	0	0	0	0	213,848	593,161
MA	121,543	42,603	0	478	1,053	19,853	0	0	0	446,600	0	0	0	0	4,352	285,929	922,411
MI	740,486	0	0	0	0	0	0	0	0	0	0	0	0	0	0	320,848	1,061,334
MN	270,557	0	0	0	0	0	0	0	0	0	0	0	0	0	0	182,834	453,391
MS	0	0	0	191,871	0	0	0	0	0	0	0	0	0	0	0	257,982	449,853
MO	303,170	0	0	0	0	0	0	0	0	0	0	0	0	0	0	464,275	767,445
MT	1,922	0	0	38,994	0	0	0	0	0	0	0	0	0	0	0	27,320	68,236
NE	0	80,032	0	0	0	29,054	0	0	0	26,399	0	0	0	0	0	49,319	184,804
NV	38,702	0	0	0	0	0	0	0	0	0	0	0	0	0	0	59,664	98,366
NH	2,532	0	0	0	0	0	0	0	0	0	0	0	0	0	0	79,751	82,283
NJ	363,088	0	0	0	784	0	0	0	0	0	0	0	0	0	0	322,354	686,226
NM	207,504	0	0	0	0	0	0	0	0	0	0	0	0	0	0	91,570	299,074
NY	642,389	8,231	0	20,994	0	0	0	0	0	0	0	0	0	0	0	2,091,230	2,762,844
NC	33,878	0	0	544,939	0	0	0	0	0	0	0	0	0	0	**	355,959	934,780
ND	701	0	0	24,681	0	0	0	0	0	0	0	0	0	0	0	19,339	44,721
OH	260,691	0	0	0	0	0	0	0	0	0	0	0	0	0	0	799,010	1,059,701
OK	132,574	0	0	0	114,458	0	0	0	0	0	0	0	0	0	0	175,353	422,385
OR	301	13,651	14,849	920	386	5,931	15,351	0	233,497	968	1,574	0	11,131	23,561	203	46,475	368,798
PA	366,966	45,672	0	0	0	469,217	0	0	0	0	0	0	0	0	0	554,519	1,436,374
RI	94,256	0	0	0	0	0	0	0	0	0	0	0	0	0	0	55,362	149,618
SC	7,346	0	0	0	11,977	0	0	0	0	0	0	0	0	0	0	624,743	644,066
SD	0	0	0	53,623	0	0	0	0	0	0	0	0	0	0	0	19,741	73,364
TN	17	0	0	0	0	1,338,115	0	0	0	0	0	0	0	0	0	0	1,338,132
TX	274,348	63,875	0	142,331	0	58,678	0	0	0	15,010	0	0	0	0	0	1,349,724	1,903,966
UT	54	52,174	0	0	0	65,889	0	0	0	0	0	0	0	0	0	11,908	130,025
VT	45,133	0	0	15,851	0	0	0	0	0	0	0	0	0	0	0	55,781	116,765
VA	150,707	0	0	140,625	0	0	0	0	0	0	0	0	0	0	0	240,541	531,873
WA	395,168	0	0	3,697	0	0	0	0	0	0	0	0	0	0	0	313,298	712,163
WV	33,301	0	0	66,592	0	0	0	0	0	0	0	0	0	0	199	160,776	260,868
WI	203,266	667	0	28	4,950	0	0	0	0	0	0	0	0	0	0	252,578	461,489
WY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,511	35,511
National	6,674,248	513,657	1,975,316	2,748,834	486,453	2,120,163	2,644,631	101,557	235,345	586,753	23,015	435,208	11,131	23,562	7,240	15,417,936	34,005,049

** Results suppressed due to small sample size