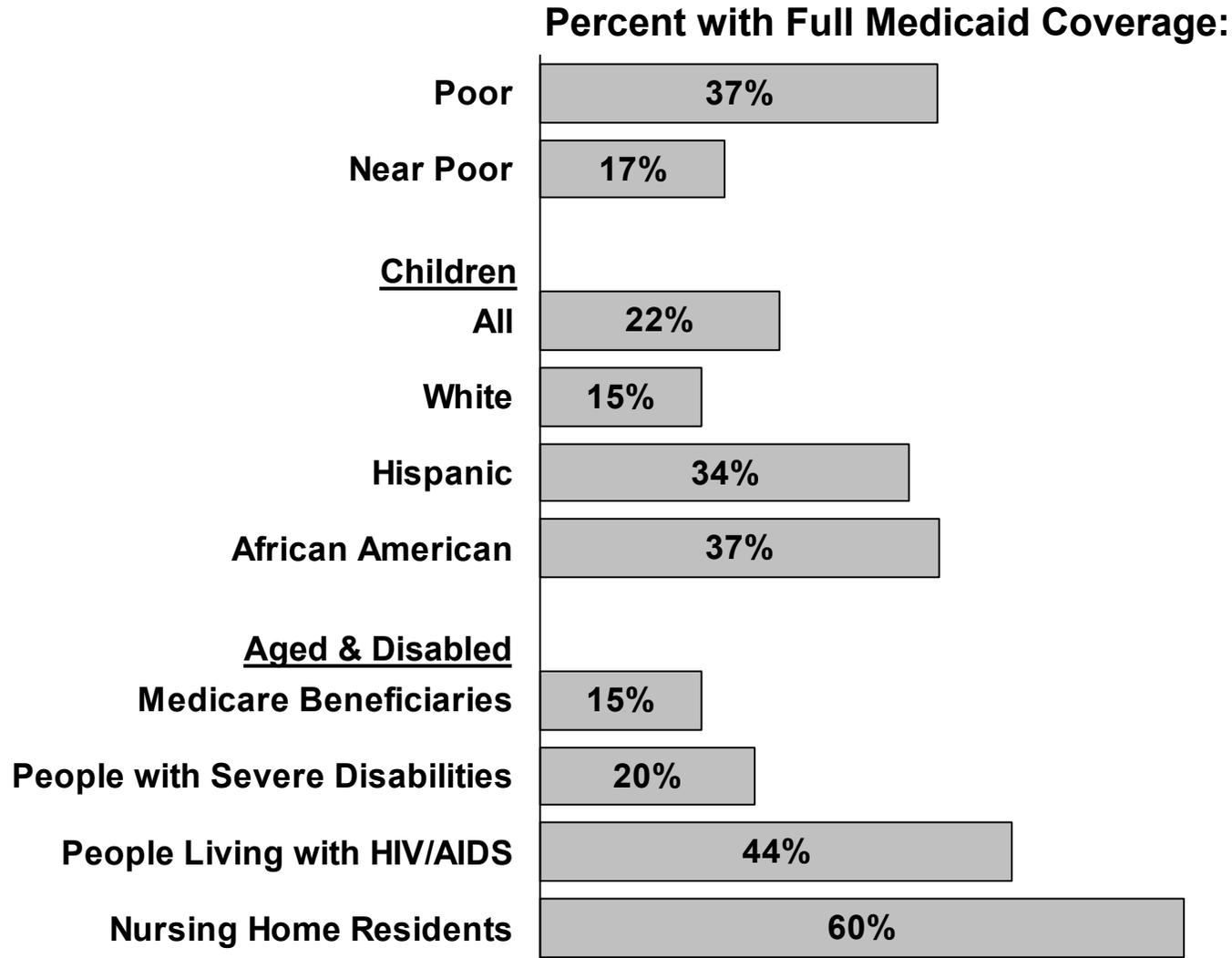


Figure 1

# Medicaid's Role for Selected Populations

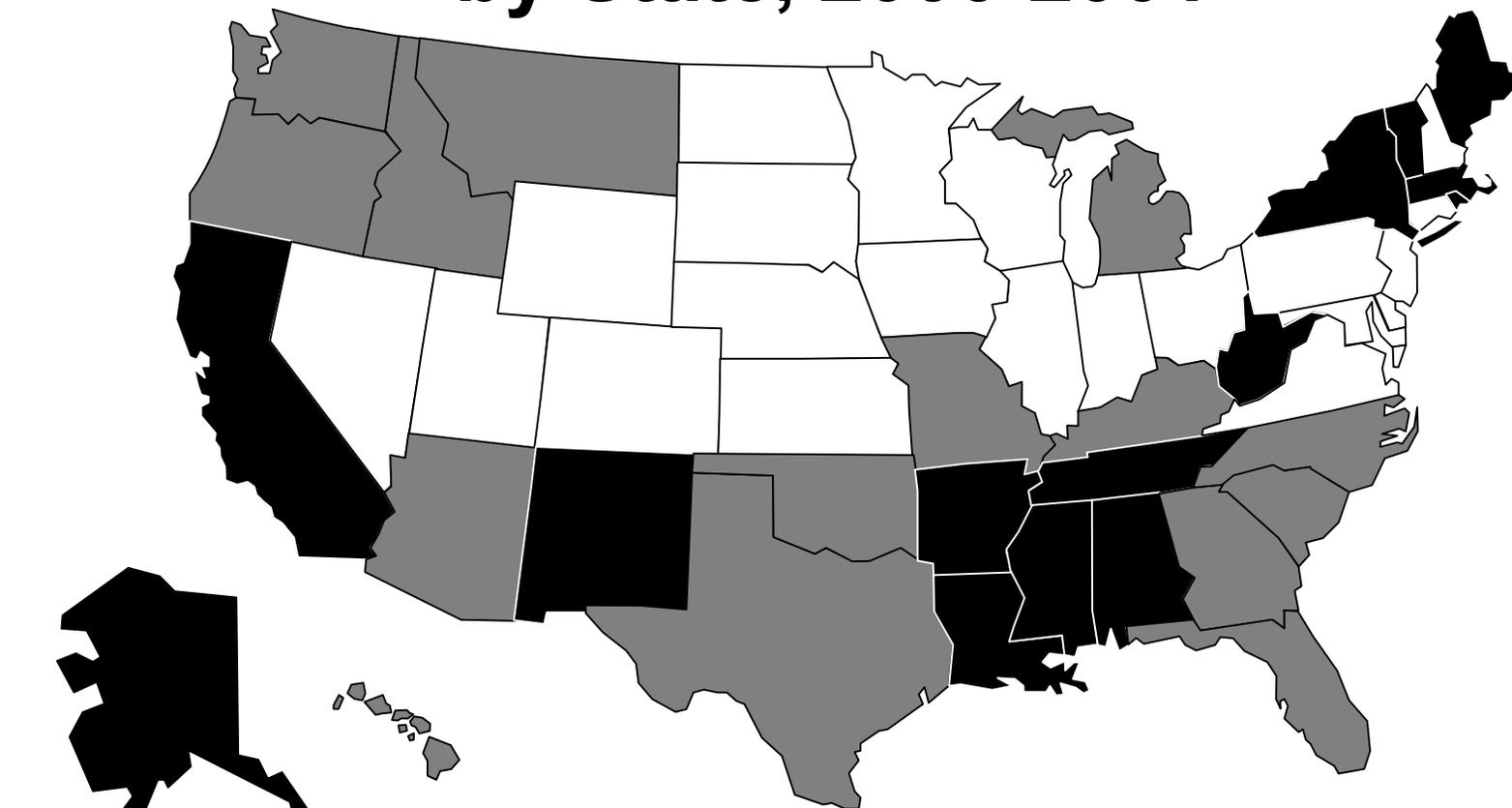


Note: "Poor" is defined as living below the federal poverty level, which was \$14,128 for a family of three in 2001.

SOURCE: KCMU and Urban Institute estimates, 2002.

Figure 2

# Percent of Residents Covered by Medicaid, by State, 2000-2001



National Average = 11%

□ < 9% (21 states)

■ 9-11% (15 states)

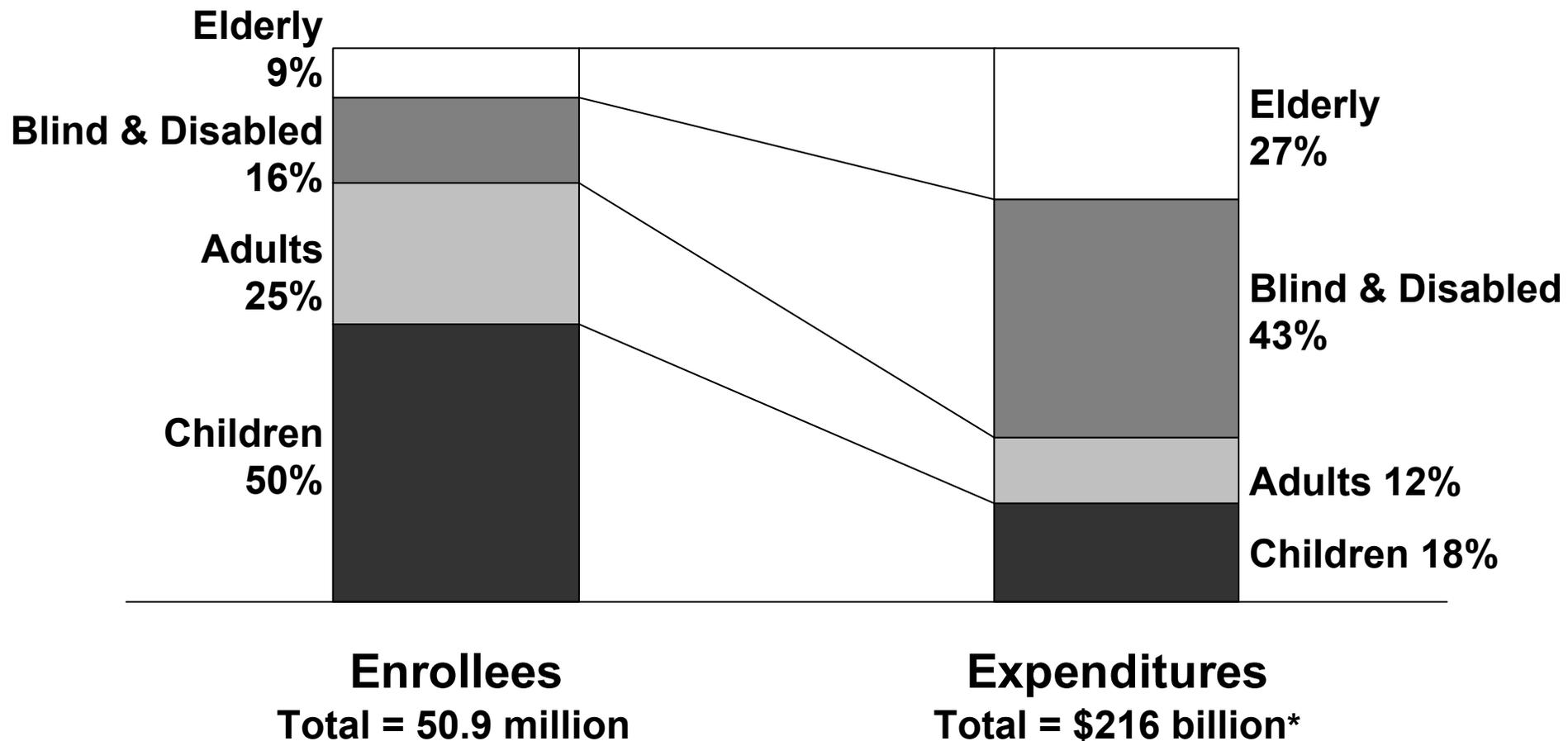
■ ≥ 12% (14 states & DC)

SOURCE: Urban Institute and Kaiser Commission on Medicaid and the Uninsured, analysis of 2 year-pooled data from March 2001 and 2002 Current Population Survey, 2002.

**KAISER COMMISSION ON  
Medicaid and the Uninsured**

Figure 3

# Medicaid Enrollees and Expenditures by Enrollment Group, 2002



Expenditure distribution based on CBO data that includes only spending on services and excludes DSH, supplemental provider payments, vaccines for children, and administration.

SOURCE: Kaiser Commission estimates based on CBO and OMB data, 2003.

Figure 4

# Medicaid Expenditures Per Enrollee by Acute and Long-Term Care, 2002

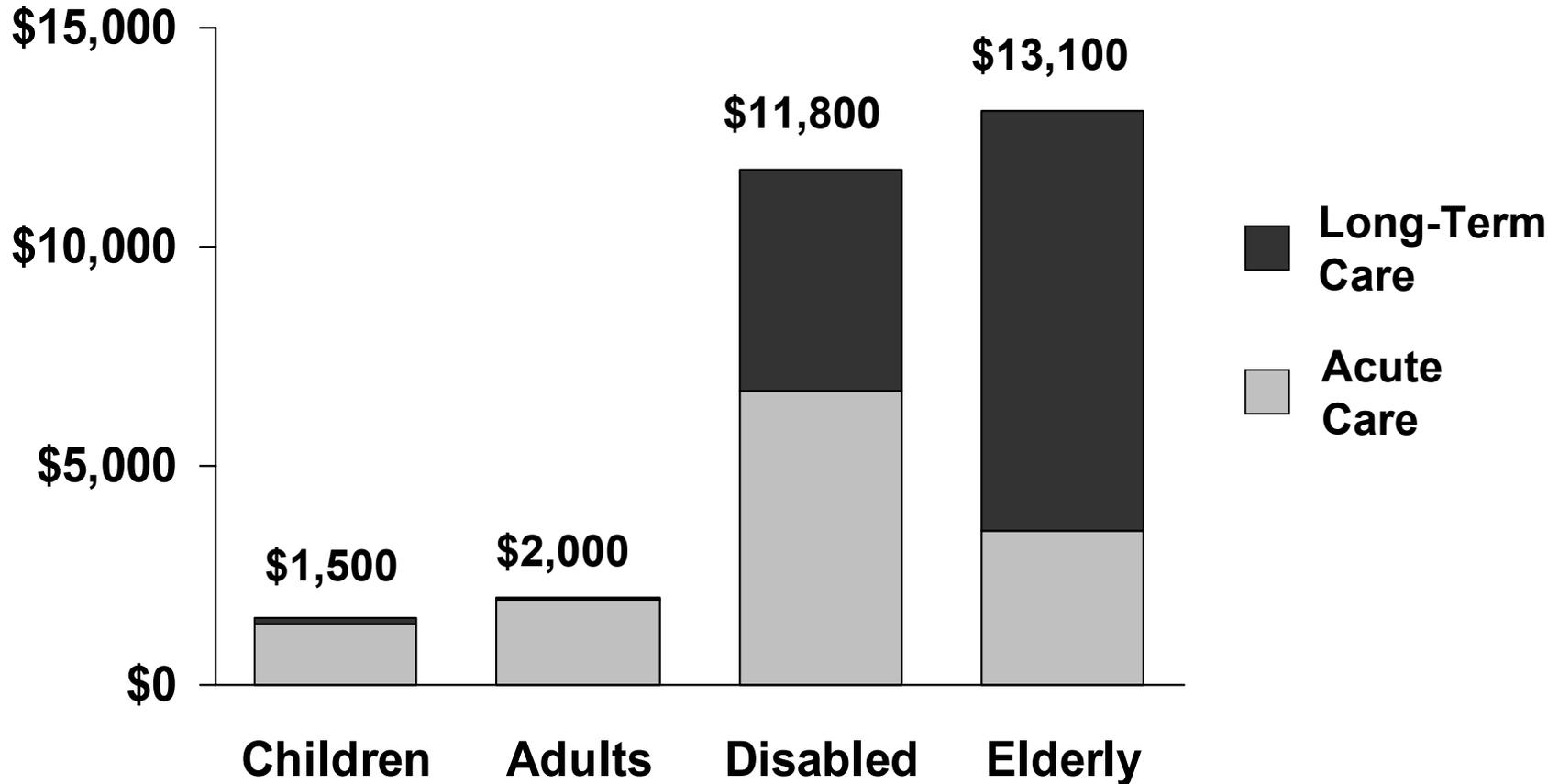
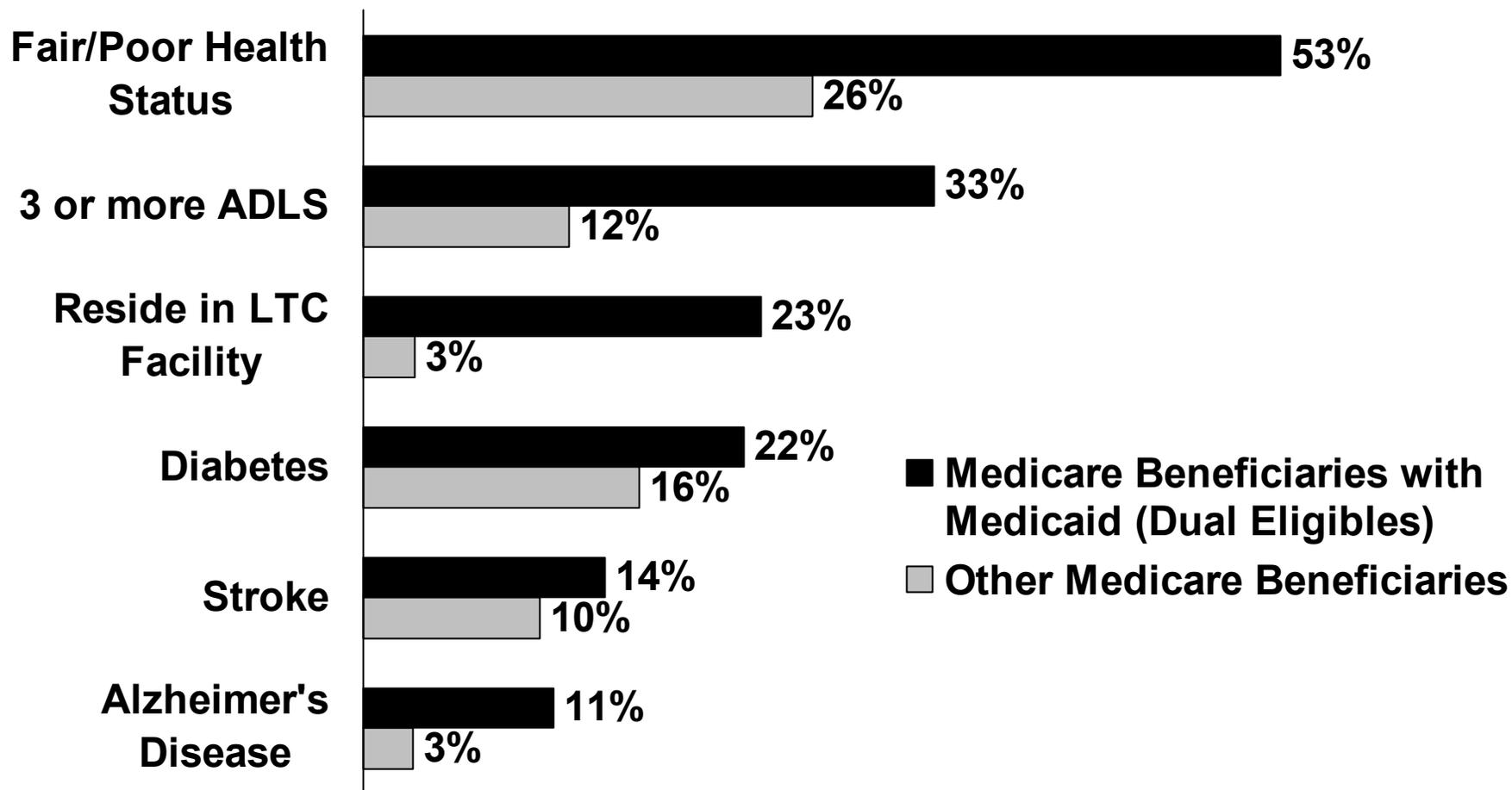


Figure 5

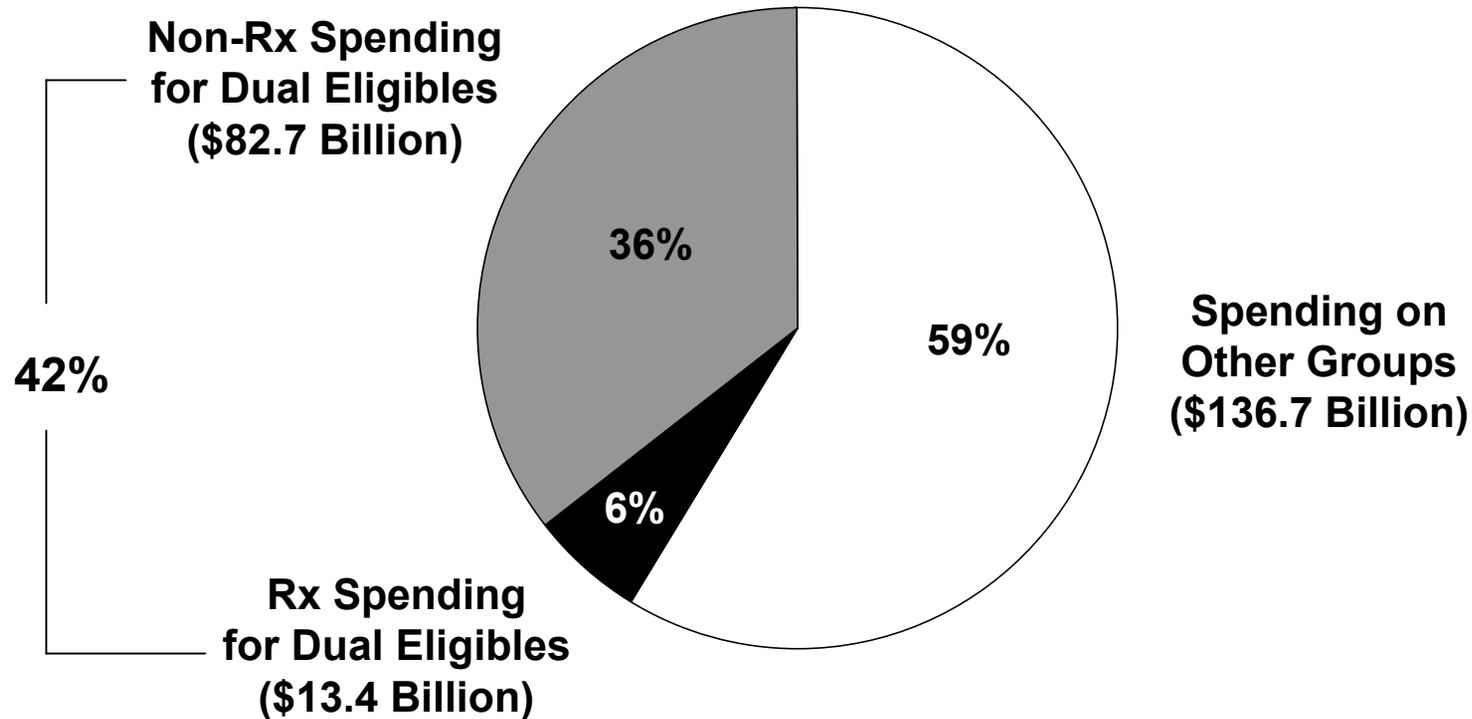
# Characteristics of Dual Eligibles Compared to Other Medicare Beneficiaries, 1999



Note: ADLS = Number of limitations in Activities of Daily Living  
SOURCE: 1999 Medicare Current Beneficiary Survey.

Figure 6

# Spending on Dual Eligibles as a Share of Medicaid Spending on Benefits, FFY2002



**Total Spending on Benefits = \$232.8 Billion**

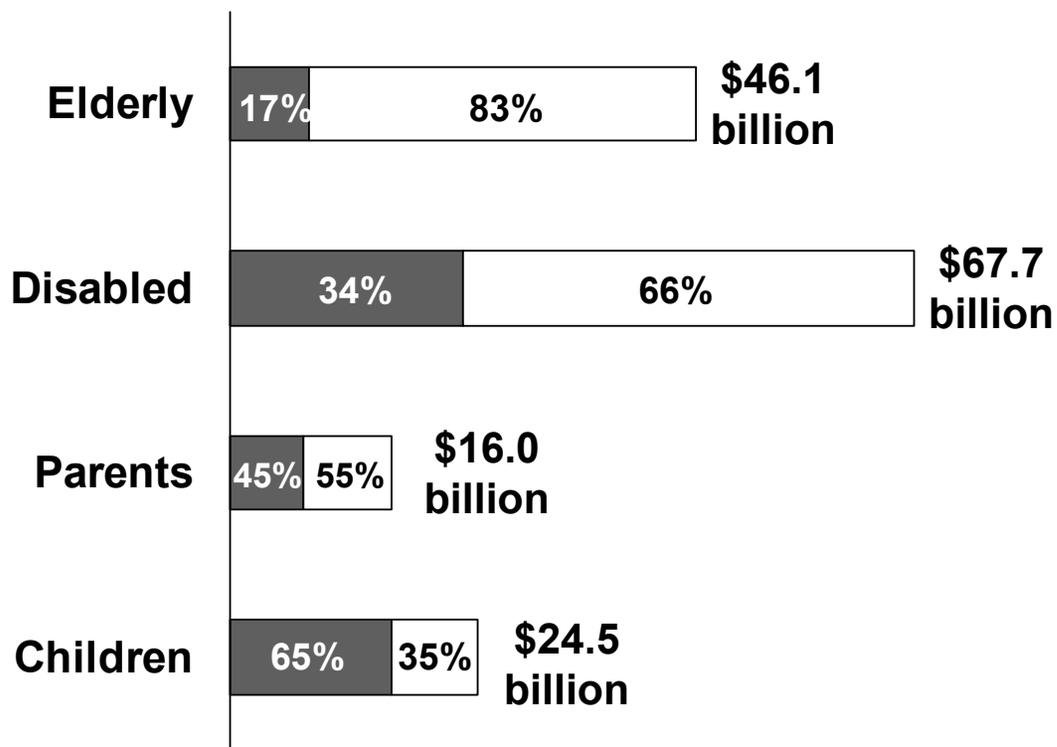
NOTE: Due to rounding, percentages do not total 100%.

SOURCE: Urban Institute estimates prepared for KCMU based on an analysis of 2000 MSIS data applied to CMS-64 FY2002 data.

Figure 7

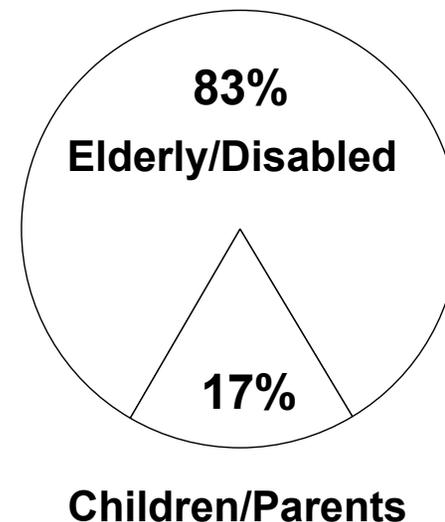
# Distribution of Medicaid Spending by Eligibility Group and Type of Service, 1998

■ Mandatory Services for Mandatory Groups      □ Optional Services/Population Groups



## OPTIONAL SPENDING

Total = \$100 billion

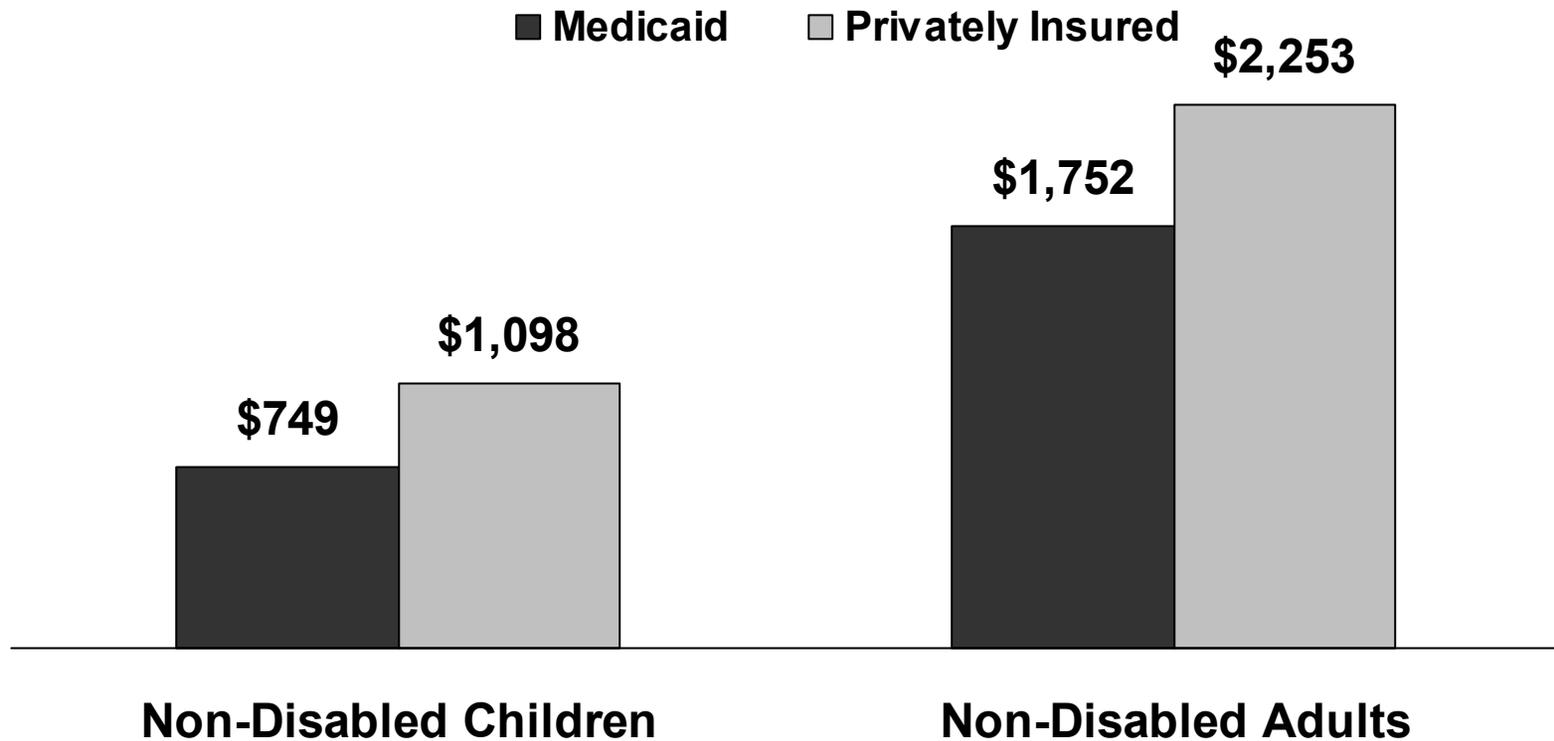


Note: Expenditures on services.  
SOURCE: Urban Institute estimates, 2001.

Figure 8

# Per Capita Expenditures for Non-Disabled Low-Income Children and Adults

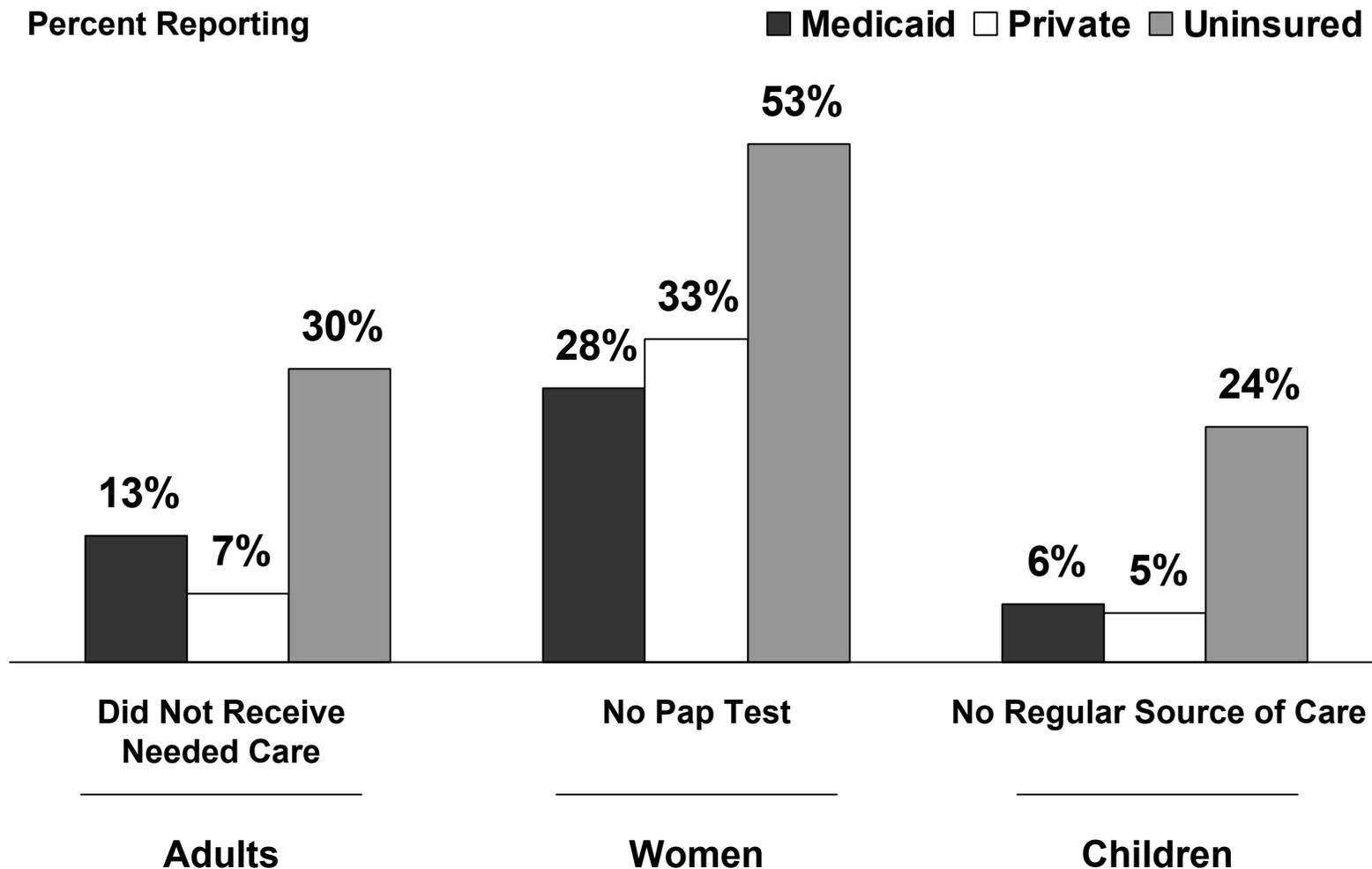
Per capita expenditures (in 2001 dollars)



Note: "Low income" defined as those with incomes less than 200% of the Federal Poverty Level. "Non-disabled" defined as those not reporting any limitations.  
SOURCE: Holahan and Hadley analysis of MEPS data from 1996, 1997, 1998, and 1999, prepared for the Kaiser Commission on Medicaid and the Uninsured.

Figure 9

# Medicaid's Impact on Access to Health Care for Families

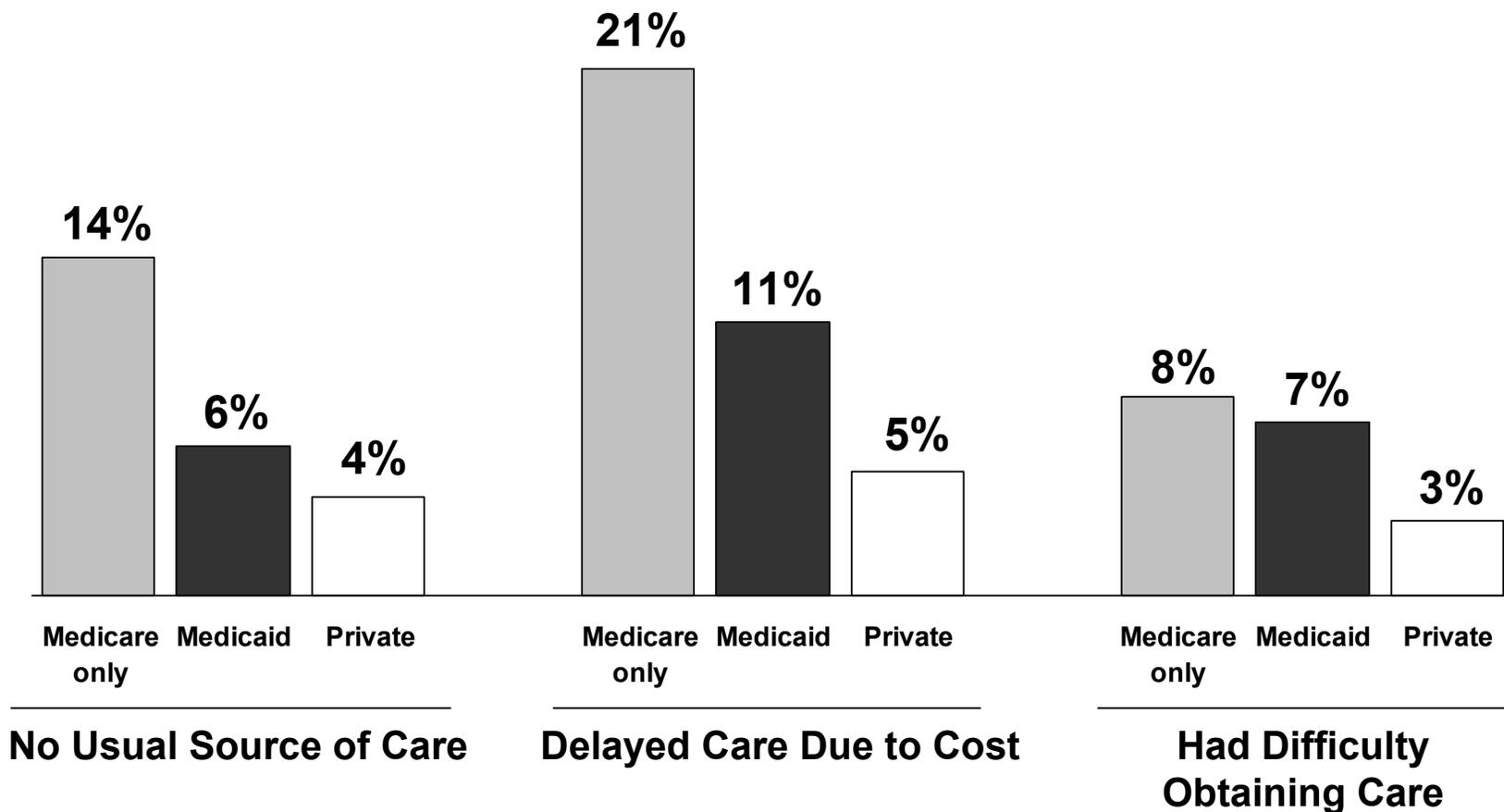


SOURCES: The 1997 Kaiser/Commonwealth National Survey of Health Insurance; Women's Health, The Commonwealth Fund Survey, 1996; Dubay and Kenney, *Health Affairs*, 2001.

Figure 10

# Medicaid's Impact on Access to Health Care for Medicare Beneficiaries, 1999

Percent of beneficiaries reporting:



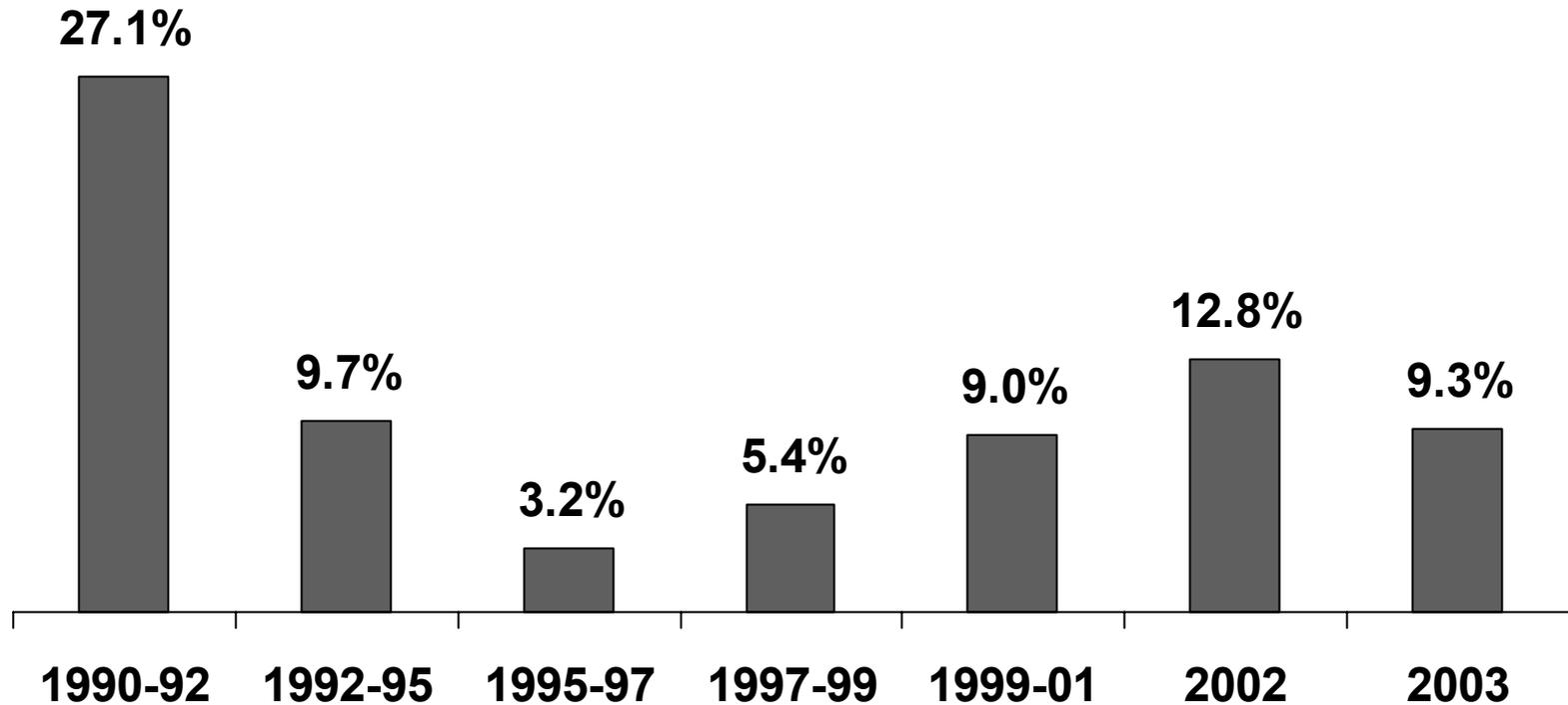
Note: Includes only community residents.

Source: Barents Group of KPMG Consulting's analysis of the 1999 Medicare Current Beneficiary Survey.

Figure 11

# Average Annual Growth Rates of Total Medicaid Spending

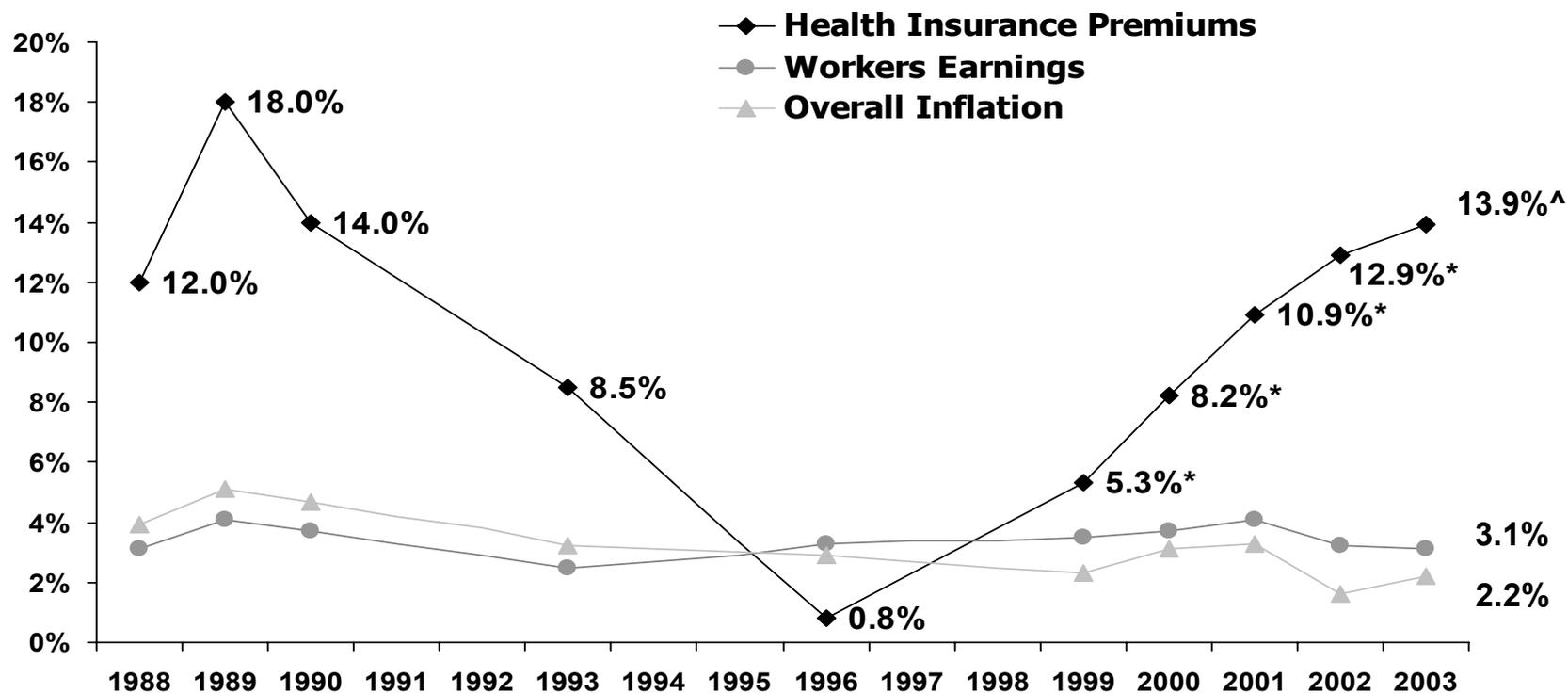
Annual growth rate:



SOURCE: For 1990-1999: Urban Institute estimates prepared for the Kaiser Commission on Medicaid and the Uninsured, 2000. For 2001-2003: Health Management Associates, for the Kaiser Commission on Medicaid and the Uninsured.

Figure 12

# Increases in Health Insurance Premiums Compared to Other Indicators, 1988-2003



Notes: Data on premium increases reflect the cost of health insurance premiums for a family of four.

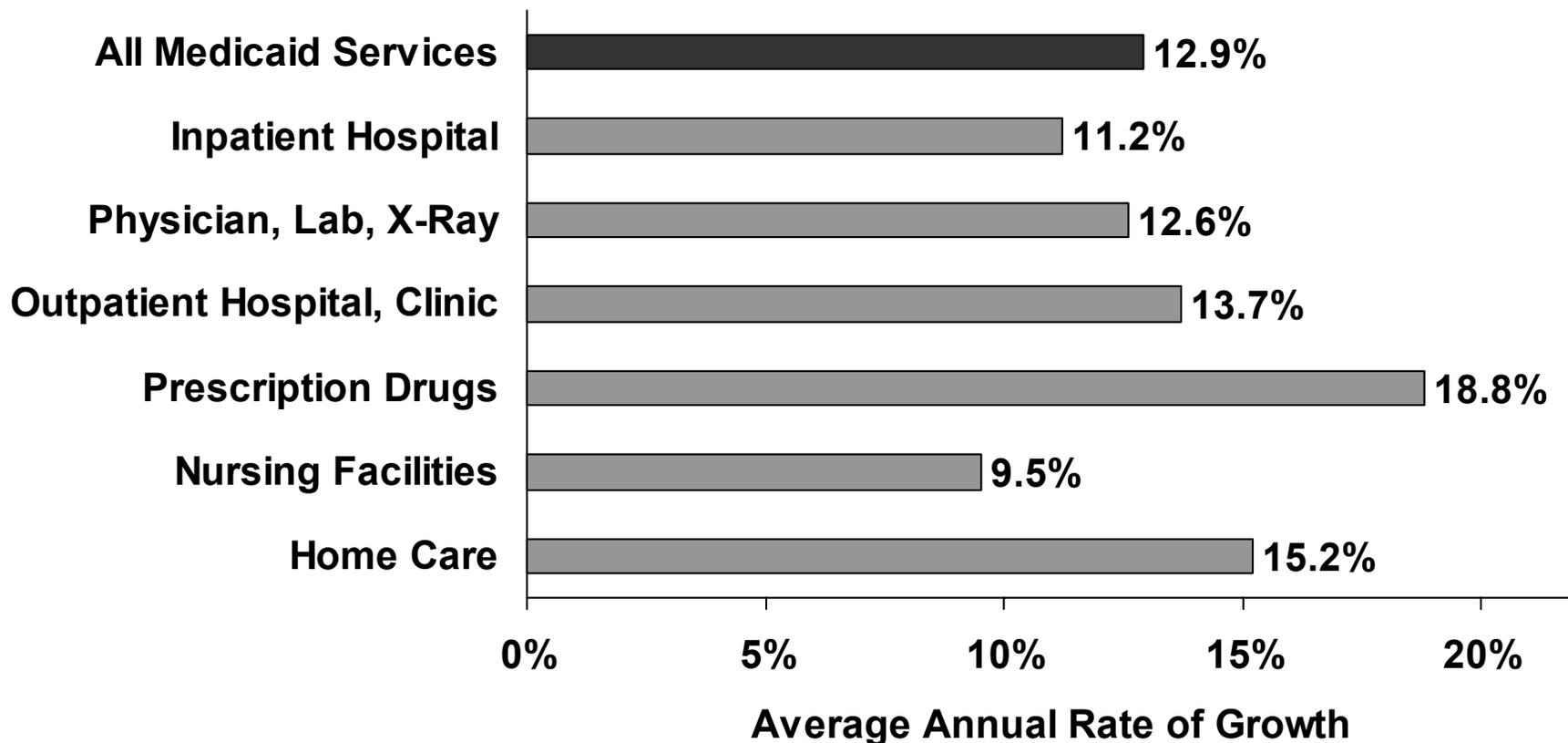
\*Estimate is statistically different from the previous year shown at  $p < 0.05$ : 1996-1999, 1999-2000, 2000-2001, 2001-2002.

^ Estimate is statistically different from the previous year shown at  $p < 0.1$ : 2002-2003.

SOURCE: KFF/HRET Survey of Employer-Sponsored Health Benefits; KPMG Survey of Employer-Sponsored Health Benefits: 1988, 1989, 1990, 1993, 1996.

Figure 13

# Average Annual Rate of Expenditure Growth for Medicaid Services, 2000-2002



Note: All growth rates shown represent changes in total fee-for-service expenditures for the types of services listed.

SOURCE: Kaiser Commission on Medicaid and the Uninsured / Urban Institute analysis of HCFA-64 data.

Figure 14

# Contributors to Medicaid Expenditure Growth by Enrollment Group, 2000-2002

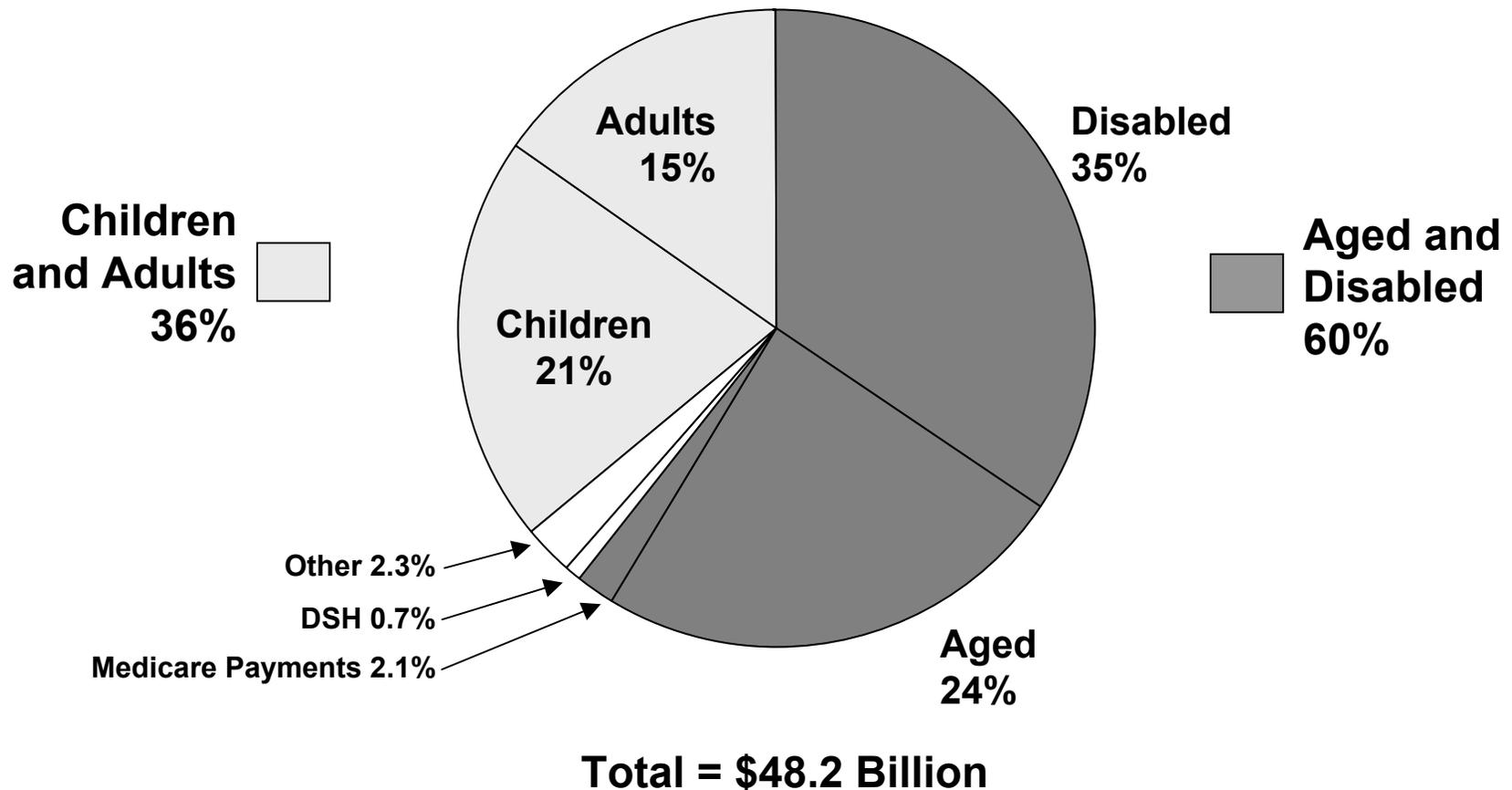
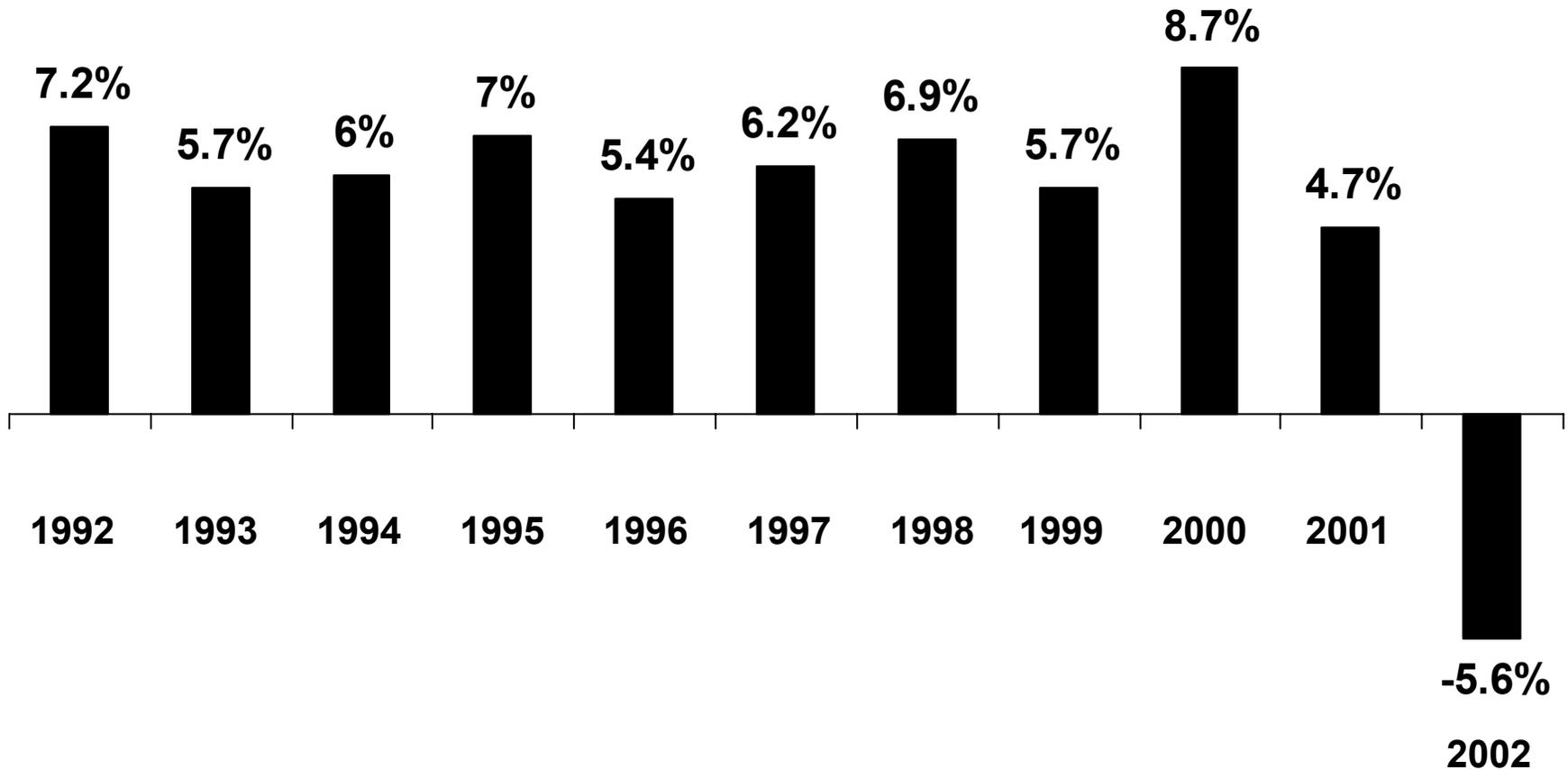


Figure 15

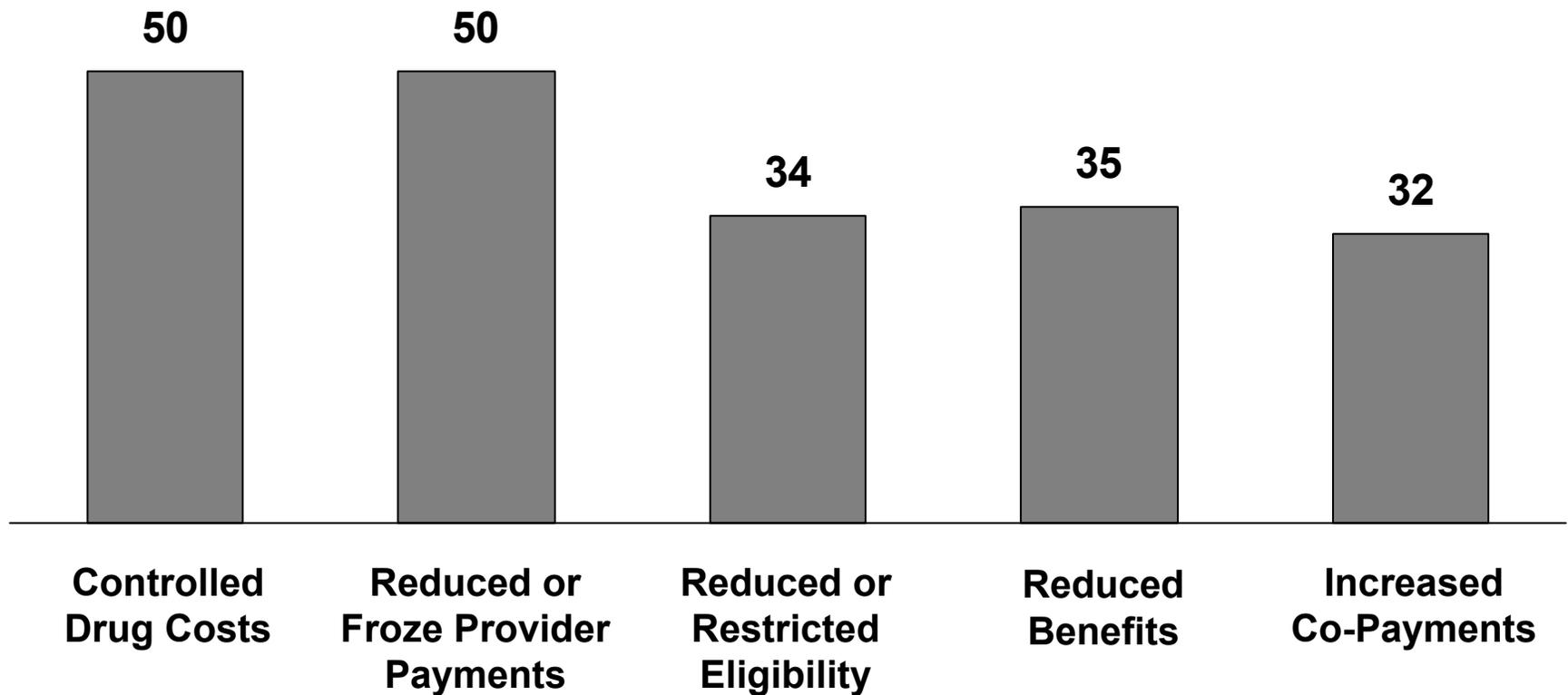
# Change in State Tax Revenue Collections, 1992-2002



SOURCE: Rockefeller Institute of Government, Fiscal Year 2002 Tax Revenue Summary, May 2003. Changes are shown in nominal terms and are not adjusted for tax-related legislative changes.

Figure 16

# Number of States Implementing Medicaid Cost Containment Strategies Over the Past Three Years (FY 2002 – FY 2004)



SOURCE: KCMU survey of Medicaid officials in 50 states and DC conducted by Health Management Associates, June and December 2002 and September 2003.