State Health Reform Assistance Network
Charting the Road to Coverage

A Robert Wood Johnson Foundation program

Using Data to Evaluate the Impact of Proposals to Cap Federal Medicaid Funds

Manatt Health
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Agenda

- Overview of Fixed Funding Proposals
- Using Data to Assess the Potential Impact
- Questions

Overview of Fixed Funding Proposals

Block Grants and Per Capita Caps

Block Grants

- Under a block grant a state receives an aggregate amount of federal Medicaid dollars based on historical spending data and is at risk for enrollment and health care costs above that amount
- The base amount is trended annually, typically using a national (as opposed to state-specific) trend rate that is below medical inflation

Per Capita Cap

- Under a per capita cap, a state receives a fixed amount of funds for each enrollee, generally broken down by eligibility group (children, adults, elderly and disabled), subject to an annual trend rate as with block grants
- The state receives up to the capped amount and is at risk for all health care costs that exceed the cap

State matching or "maintenance-of-effort" requirements likely to apply

Using Data to Assess the Potential Impact

Existing Data Offer Insight into Potential Effect of Capped Funding Proposals

Data Book Features:

- **Key elements of fixed funding proposals, including:**
  - "Base" spending level (derived from historical data)
    - Aggregate allotment
    - Per capita amount, by eligibility group
    - Supplemental payments
  - Annual "trend rate," often linked to CPI or GDP growth
- **Additional context-setting data**

New Toolkit Includes a Data Book with Existing Publicly Available Data

No.	Content
Base Funding Considerations	
1	Medicaid/CHIP Enrollment and Growth by State, 2013-2016
2	Medicaid Total and New Adult Enrollment by State, 2014-2016
3	Medicaid Total and New Adult Spending by Source of Funds and State, CY 2015
4	Medicaid Benefit Spending by Type of Service and State, FY 2015
5	Medicaid Supplemental Payments by State, FY 2015
6	Medicaid Spending by Eligibility Group and State, FY 2011
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10	Growth in Medicaid Benefit Spending by State, FY 2000-2011 *
11	Growth in National Health Expenditure, Gross Domestic Product, and Consumer Price Index Values, CY 2000-2025
12	Growth in Medicaid Enrollment by Eligibility Group and State, FY 2000-2011 *
13	Population Projections by State, CY 2015-2025 *
Additional Context	
14	Medicaid and Other Major Categories of Spending as a Share of Total, State, and Federal Funds in State Budgets, SFY 2015
15	Uninsured Rate by State, CY 2013-2015 *

* Data provided alphabetically and ranked by state so states can see how they fare relative to other states

Limitations of Publicly Available Data

- **Data book includes publicly available data reported to CMS by all 50 states and D.C.**
  - Sources include CMS Form 64 data on expenditures; CMS Medicaid and CHIP Application, Eligibility Determination, and Enrollment Reports; and an analysis of CMS MSIS data prepared by the Kaiser Family Foundation on eligibility and enrollment between fiscal year 2000 and 2011.
- **National data are used to allow for state comparisons**
- **Recent state-by-state data are not available for some metrics:**
  - Federal fiscal year (FY) 2011 is most recent year for which per enrollee spending levels and historical growth rates are publicly available by eligibility group using consistent data and methods across states
  - Lack of recent data is a major problem for stakeholders seeking to understand the potential implications of fixed funding
  - Congress will face the same lack of recent, reliable state-by-state data if it designs a new financing structure

Base Funding

Proposals typically use each state's historic spending to establish "base" funding

Key Drivers of Base Funding

Eligibility and Enrollment Levels

- Medicaid/CHIP Enrollment and Growth by State *(Table 1)*
- Medicaid Total and New Adult Enrollment by State *(Table 2)*

Spending on Services

- Medicaid Total and New Adult Spending by Source of Funds and State *(Table 3)*
- Medicaid Benefit Spending by Type of Service and State *(Table 4)*
- Medicaid Spending and Enrollment by Eligibility Group and State *(Tables 6-7)*
- Medicaid Spending Per Full Benefit Enrollee by Eligibility Group and State *(Table 8)*

Supplemental Payments (DSH, UPL, 1115 waiver payments)

- Medicaid Supplemental Payments by State *(Table 5)*

Variation in Medicaid Enrollment and Growth Across States

Medicaid/CHIP Enrollment and Growth by State, 2013-2016 *(Table 1)*

State	Expansion State?	Medicaid and CHIP Enrollment				Growth in Medicaid and CHIP Enrollment			
		Average 2013	December 2014	December 2015	November 2016	Average 2013-December 2014	December 2014 - December 2015	December 2015 - November 2016	Average 2013-November 2016
Total	**Y (32 states); N (19 states)**	**56,392,477**	**69,919,366**	**72,701,268**	**74,407,191**	**24%**	**4%**	**2%**	**32%**
Alabama	N	799,176	876,485	888,024	883,030	10%	1%	-1%	10%
Alaska	Y	122,334	127,888	137,868	171,925	5%	8%	25%	41%
Arizona	Y	1,201,770	1,496,616	1,681,587	1,739,690	25%	12%	3%	45%
Arkansas	Y	556,851	824,682	839,277	931,219	48%	2%	11%	67%
California	Y	7,755,381	11,919,314	12,166,109	12,209,605	54%	2%	0%	57%

Implications

- Medicaid and CHIP enrollment increased from 56.4 million to 74.4 million between 2013 and 2016
- Enrollment growth rate varied from less than 5% in several states to more than doubling
- Under a block grant, states with relatively low enrollment growth could receive lower “base funding” compared to states with rapid growth

New Adults Now Comprise Significant Share of Medicaid Enrollment

Medicaid Total and New Adult Enrollment by State, 2014-2016 *(Table 2)*

State	Medicaid Enrollment						New Adult Group Share of Total Medicaid		
	December 2014		December 2015		March 2016		December 2014	December 2015	March 2016
	Total	New Adults	Total	New Adults	Total	New Adults			
Total	**72,969,266**	**10,359,573**	**73,861,837**	**14,074,723**	**72,755,853**	**14,266,410**	**14.2%**	**19.1%**	**19.6%**
Alabama	1,049,711	0	1,044,969	0	1,045,433	0	0.0%	0.0%	0.0%
Alaska	118,437	0	138,100	12,066	137,596	14,428	0.0%	8.7%	10.5%
Arizona	1,727,294	344,871	1,885,707	416,093	1,868,223	416,349	20.0%	22.1%	22.3%
Arkansas	859,061	265,032	919,768	291,602	767,011	303,944	30.9%	31.7%	39.6%
California	14,074,434	2,547,235	13,115,570	3,441,438	12,837,936	3,535,354	18.1%	26.2%	27.5%

Implications

- By March 2016, the 31 Medicaid expansion states and D.C. covered 14.26 million “new adults”
- The percentage of new adults as the share of total Medicaid enrollment ranged from 10.5% to 50% across the expansion states and D.C. in March 2016
- The extent to which states will be allowed or can afford to cover these newly eligible adults under fixed funding is an open question

Federal Funding Higher in Expansion States

Medicaid Total and New Adult Spending by Source of Funds and State, CY 2015 *(Table 3)*

State	Total Spending		
	Total	Federal	State
Total	**$ 535,034,678,888**	**$ 336,693,475,880**	**$ 198,341,203,008**
Alabama	$ 4,929,875,376	$ 3,425,814,971	$ 1,504,060,405
Alaska	$ 1,539,536,309	$ 905,685,152	$ 633,851,157
Arizona	$ 10,728,663,484	$ 7,995,142,915	$ 2,733,520,569
State	**New Adult Spending**		
	Total	**Federal**	**State**
Total	**$ 77,130,884,351**	**$ 72,611,718,139**	**$ 4,519,166,212**
Alabama	$ -	$ -	$ -
Alaska	$ 122,549	$ 122,549	$ -
Arizona	$ 2,337,132,079	$ 2,104,024,184	$ 233,107,895
State	**New Adult Group Share of Total Spending**		
	Total	**Federal**	**State**
Total	**14%**	**22%**	**2%**
Alabama	0%	0%	0%
Alaska	0%	0%	0%
Arizona	22%	26%	9%

Implications

- These data (or comparable data) will likely act as the starting point for any fixed funding formula
- The 31 expansion states and D.C. received an estimated $72.6 billion in CY 2015 for their expansions
- Any proposal to convert Medicaid to a block grant or per capita cap will need to address the major differences in Medicaid spending between expansion and non-expansion states
- Expansion states could have a significant funding advantage if base allotments under a block grant includes expenditures on newly-eligible adults
- If Congress repeals expansion or uses Medicaid restructuring to “even out” spending between expansion and non-expansion states, expansion states could face a major loss of federal funds

Covered Services and Payment Rates Vary by State

Medicaid Benefit Spending by Type of Service and State, FY 2015 *(Table 4)*

State	Medicaid Benefit Spending (millions)													
	Total	Fee for Service										Managed care and premium assistance	Medicare premiums and coinsurance	Collections
		Hospital	Physician	Dental	Other practitioner	Clinic and health center	Other acute	Drugs	Institutional LTSS	Home and community-based LTSS				
Total	**$ 523,709**	**$ 92,676**	**$ 11,181**	**$ 4,214**	**$ 2,148**	**$ 11,178**	**$ 38,838**	**$ 10,507**	**$ 59,548**	**$ 58,107**	**$ 227,956**	**$ 15,426**	**$ (8,070)**
Alabama	$ 5,265	$ 1,992	$ 427	$ 80	$ 50	$ 94	$ 621	$ 283	$ 1,021	$ 467	$ (2)	$ 261	$ (29)
Alaska	$ 1,405	$ 317	$ 121	$ 69	$ 25	$ 201	$ 117	$ 29	$ 198	$ 323	$ 0	$ 21	$ (16)
Arizona	$ 10,618	$ 1,143	$ 45	$ 5	$ 6	$ 148	$ 315	$ 8	$ 75	$ 2	$ 8,649	$ 246	$ (23)
Arkansas	$ 5,470	$ 1,021	$ 334	$ 79	$ 23	$ 39	$ 927	$ 155	$ 957	$ 526	$ 1,170	$ 305	$ (67)
California	$ 84,983	$ 19,447	$ 1,038	$ 1,032	$ 25	$ 3,461	$ 5,886	$ 1,388	$ 4,072	$ 7,714	$ 39,105	$ 2,362	$ (548)

Implications

- States vary in the services they cover and their reimbursement rates, including the extent to which they have moved Medicaid spending into managed care
- On average, 43% of Medicaid dollars are spent on Medicaid capitation payments; spending on managed care varies from 0% to more than 80%
- States that already have moved more aggressively to use Medicaid managed care may have fewer options for responding to new cuts and fixed funding

States Use of Supplemental Payments Varies Widely

Medicaid Supplemental Payments by State, FY 2015 *(Table 5)*

State	Total Medicaid Benefit Spending	Supplemental Payment Spending				Percentage of Total Medicaid Benefit Spending for Supplemental Payments			
		Total	DSH Payments	Non-DSH Supplemental Payments	Section 1115 Waiver Authority Payments	Total	DSH Payments	Non-DSH Supplemental Payments	Section 1115 Waiver Authority Payments
Total	**$ 523,709**	**$ 54,652**	**$ 18,679**	**$ 24,041**	**$ 11,932**	**10.4%**	**3.6%**	**4.6%**	**2.3%**
Alabama	$ 5,265	$ 1,062	$ 483	$ 579	$ -	20.2%	9.2%	11.0%	0.0%
Alaska	$ 1,405	$ 20	$ 20	$ -	$ -	1.4%	1.4%	0.0%	0.0%
Arizona	$ 10,618	$ 489	$ 171	$ 162	$ 156	4.6%	1.6%	1.5%	1.5%

Implications

- Supplemental payments (DSH, UPL, and 1115 waiver payments) account for 10.4% of Medicaid spending on average, with variation across states from 0.3% to 23.5%
- Unclear if supplemental payments would be counted or not in the capped amount or whether may continue outside the cap
- Congress would decide whether to include supplemental payments in the formula used to set state-specific block grant allotments or per capita caps
- Including supplemental payments in allotment formula would advantage states with significant supplemental payments, creating equity issue for states with minimal or modest supplemental payments

Spending Dominated by Aged and Disabled

Medicaid Spending and Enrollment by Eligibility Group and State, FY 2011 *(Tables 6-7)*

State	Share of Total Enrollment				
	Children	Adults	Disabled	Aged	Aged + Disabled
Total	**48%**	**27%**	**15%**	**9%**	**24%**
Alabama	51%	17%	21%	11%	32%
Alaska	58%	23%	13%	7%	20%
Arizona	45%	37%	11%	7%	19%
State	**Share of Total Spending**				
	Children	Adults	Disabled	Aged	Aged + Disabled
Total	**21%**	**15%**	**42%**	**21%**	**64%**
Alabama	27%	10%	41%	23%	63%
Alaska	29%	15%	39%	17%	56%
Arizona	20%	32%	36%	13%	49%

Implications

- In FY 2011, seniors and people with disabilities accounted for 64% of Medicaid spending but only 24% of enrollment
- In 10 states, seniors and people with disabilities accounted for 70% or more of Medicaid spending
- Cuts implemented through a block grant or per capita cap would affect seniors and people with disabilities disproportionately

Per Enrollee Spending Varies Dramatically by State

Medicaid Spending Per Full Benefit Enrollee by Eligibility Group and State, FY 2011 *(Table 8)*

State	Total		Children		Adults		Disabled		Aged	
	Amount	Rank	Amount	Rank	Amount	Rank	Amount	Rank	Amount	Rank
Total	**$6,502**		**$2,492**		**$4,141**		**$18,518**		**$17,522**	
Alabama	$4,976	47	$2,156	34	$3,899	34	$10,142	51	$18,473	24
Alaska	$9,481	4	$4,682	2	$6,471	3	$28,790	3	$24,288	12
Arizona	$7,167	15	$3,052	10	$6,460	4	$22,040	10	$16,145	34
Arkansas	$6,258	27	$2,458	28	$3,198	43	$14,023	45	$20,484	19
California	$6,108	28	$2,475	25	$2,855	48	$20,080	16	$12,019	47
Colorado	$5,730	35	$2,241	32	$3,469	41	$19,643	19	$18,478	23
Connecticut	$8,122	8	$3,158	9	$4,538	18	$31,004	2	$30,560	3
Delaware	$6,661	20	$2,942	13	$5,430	8	$22,972	9	$27,666	5
District of Columbia	$9,083	5	$2,820	16	$4,446	21	$28,604	5	$27,336	7
Florida	$4,893	48	$1,707	50	$2,993	47	$15,005	43	$14,253	42
Georgia	$4,245	50	$2,023	43	$4,215	27	$10,639	50	$14,142	43
Hawaii	$5,506	40	$2,062	41	$3,765	36	$17,035	30	$18,439	25
Idaho	$5,968	29	$2,023	43	$4,878	12	$21,781	12	$15,558	37
Illinois	$4,682	49	$2,123	35	$3,184	45	$16,689	33	$11,431	49
Indiana	$5,600	38	$1,858	49	$3,198	43	$19,488	20	$21,269	17
Iowa	$5,908	32	$2,116	36	$2,056	51	$20,242	15	$21,163	18

Implications

- States with high per enrollee spending dedicate 2x or 3x as much funding per person as states with low per enrollee spending
- The wide range in per capita spending poses challenges in setting appropriate, state-specific caps
- Low per capita spending states risk being “locked in” on low spending levels, making it difficult to cope with federal cuts or absorb new costs (e.g. breakthrough drugs, new benefits)
- High per capita spending states may have more “wiggle room” to address federal cuts or new public health crises, but Congress may expect them to move toward the median over time

Trend Rate: Key to Future Federal Funding Level

Proposals typically tie trend rates to non-medical indicators that do not keep pace with growth of medical expenditures

Recent Experience with Growth Rates:

State Medicaid Spending Growth

- Growth in Medicaid Spending Per Full Benefit Enrollee by Eligibility Group and State *(Table 9)*
- Growth in Medicaid Benefit Spending by State *(Table 10)*

Enrollment Growth

- Growth in Medicaid Enrollment by Eligibility Group and State *(Table 12)*
- Population Projections by State *(Table 13)*

National Trend Indicators

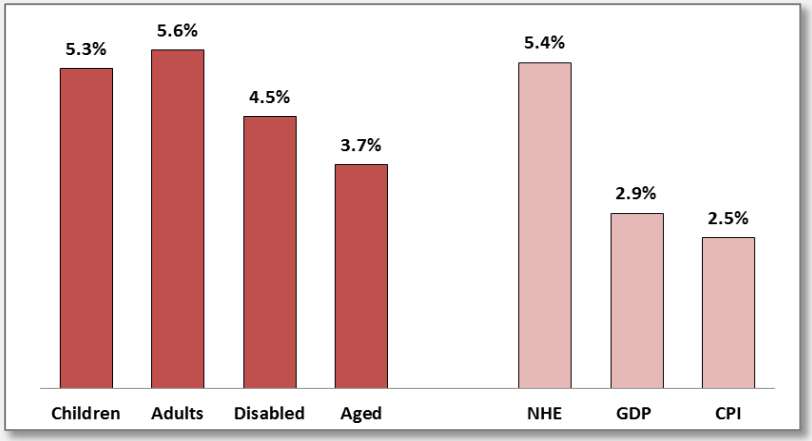
- Growth in National Health Expenditure, Gross Domestic Product, and Consumer Price Index Values *(Table 11)*

Medicaid Spending Growth Exceeds National Trend Rates

Growth in Medicaid Spending Per Full Benefit Enrollee by Eligibility Group and State, FYs 2000-2011 *(Table 9)*

State	Children		Adults		Disabled		Aged	
	Average Annual	Rank	Average Annual	Rank	Average Annual	Rank	Average Annual	Rank
Total	**5.3%**		**5.6%**		**4.5%**		**3.7%**	
Alabama	5.5%	24	6.6%	30	5.1%	16	4.8%	20
Alaska	5.8%	22	5.7%	36	5.4%	14	8.3%	3
Arizona	8.3%	6	9.9%	9	8.1%	2	3.4%	32
Arkansas	6.3%	15	12.1%	2	5.4%	13	8.3%	4
California	7.2%	9	6.9%	28	6.6%	5	6.3%	12

Average Annual Growth in Medicaid Spending per Full-Benefit Enrollee Relative to Benchmarks, 2000-2011 *(Table 9 and 11)*



Implications

Average annual growth in spending per full benefit enrollee varied across states between 2000 and 2011:

- 0.4% to 11.6% for children
- 0.3% to 14.4% for adults
- 0.5% to 15.5% for the disabled
- -1.4% to 13.3% for the elderly

Over this period, per capita GDP grew by 2.9% and CPI by 2.5%

Enrollment and Spending Growth Vary Across States

Implications

- Medicaid spending grew at an average annual rate of 6.9%—ranging from about 4% to 9% or more
- Low-income adults had the highest enrollment growth rate, followed by children, disabled and aged beneficiaries
- Block grants are unlikely to keep pace with these trends

Growth in Medicaid Benefit Spending by State, FY 2000-2011 *(Table 10)*

State	Total Medicaid Benefit Spending		Growth	
	FY 2000	FY 2011	Average Annual	Rank
Total	**$ 195,156,897,787**	**$ 406,363,006,902**	**6.9%**	
Alabama	$ 2,696,375,751	$ 4,793,247,444	5.4%	44
Alaska	$ 481,281,298	$ 1,290,457,318	9.4%	3
Arizona	$ 2,225,044,559	$ 8,988,386,558	13.5%	1
Arkansas	$ 1,579,670,038	$ 3,951,827,218	8.7%	11
California	$ 21,150,591,241	$ 54,305,789,679	9.0%	9

Growth in Medicaid Enrollment by Eligibility Group and State, FY 2000-2011 *(Table 12)*

State	Total		Children		Adults		Disabled		Aged	
	Average Annual	Rank	Average Annual	Rank	Average Annual	Rank	Average Annual	Rank	Average Annual	Rank
Total	**4.0%**		**3.8%**		**5.2%**		**3.6%**		**2.3%**	
Alabama	4.3%	19	4.0%	18	12.4%	2	3.3%	35	0.8%	38
Alaska	2.2%	44	1.6%	44	1.9%	41	5.2%	8	3.4%	12
Arizona	5.8%	7	3.5%	29	9.8%	6	5.0%	9	6.8%	2
Arkansas	3.3%	33	4.3%	16	0.3%	49	4.8%	16	0.8%	39
California	3.4%	30	3.5%	28	3.5%	35	3.0%	42	3.0%	16

Wide Variation in Projected Population Growth Across States

Population Projections by State, CY 2015-2025 *(Table 13)*

State	Total Population						Ages 65+					
	Population		Growth: 2015-2025				Population		Growth: 2015-2025			
	2015	2025	Amount	Average Annual Percentage	Cumulative Percentage	Rank	2015	2025	Amount	Average Annual Percentage	Cumulative Percentage	Rank
Total	**322,365,787**	**349,439,199**	**27,073,412**	**0.8%**	**8.4%**		**46,790,727**	**63,523,732**	**16,733,005**	**3.1%**	**35.8%**	
Alabama	4,663,111	4,800,092	136,981	0.3%	2.9%	32	739,580	953,727	214,147	2.6%	29.0%	35
Alaska	732,544	820,881	88,337	1.1%	12.1%	10	75,023	115,135	40,112	4.4%	53.5%	4
Arizona	7,495,238	9,531,537	2,036,299	2.4%	27.2%	1	1,181,358	1,940,356	758,998	5.1%	64.2%	1

Implications

- Between 2015 and 2025, the U.S. population is projected to grow at an average rate of about 1% per year (8% cumulatively), with average growth varying from -1.1% per year (-10.1% cumulatively) to 2.4% per year (27.2% cumulatively) across states
- Over the same period, the population aged 65+ is projected to grow 3% per year (36% cumulatively)
- A fixed funding proposal that does not account for population growth or the aging of a state's residents—who are more expensive to serve—would put increased budget pressure on states
  - Block grants would likely not keep up with Medicaid costs due to enrollment growth
  - A per capita cap would respond to population-driven growth in Medicaid spending, but may not account for cost pressures generated by the changing composition of a particular eligibility group

State Context: Fixed Funding Shifts Risk to States

Data on Medicaid's role in state budgets and size of the uninsured population offers context for how fixed funding might affect states

Additional State Context:

Medicaid's role in state budgets

- Medicaid and Other Major Categories of Spending as a Share of Total, State, and Federal Funds in State Budgets *(Table 14)*

Size of uninsured population

- Uninsured Rate by State (*Table 15)*

Medicaid's Role in State Budgets

Medicaid and Other Spending Categories as a Share of Total, State, and Federal Funds in State Budgets, SFY 2015 *(Table 14)*

State	State Funds Only						
	Medicaid	Elementary and Secondary Education	Higher Education	Public Assistance	Corrections	Transportation	All Other Expenditures
Total	**15.8%**	**25.6%**	**11.5%**	**0.9%**	**4.4%**	**8.0%**	**33.8%**
Alabama	12.1%	27.0%	25.3%	0.0%	3.7%	5.1%	26.8%
Alaska	6.4%	13.7%	9.1%	1.0%	3.5%	6.8%	59.4%
Arizona	9.6%	19.4%	18.6%	0.0%	4.8%	4.2%	43.3%
State	**Federal Funds Only**						
	Medicaid	Elementary and Secondary Education	Higher Education	Public Assistance	Corrections	Transportation	All Other Expenditures
Total	**54.2%**	**8.7%**	**3.5%**	**2.4%**	**0.1%**	**6.9%**	**20.8%**
Alabama	44.4%	10.3%	13.1%	0.3%	0.2%	9.6%	22.0%
Alaska	30.2%	7.3%	4.3%	0.5%	0.0%	34.2%	23.3%
Arizona	59.6%	7.1%	4.3%	1.4%	0.0%	4.2%	23.5%
State	**All State and Federal Funds**						
	Medicaid	Elementary and Secondary Education	Higher Education	Public Assistance	Corrections	Transportation	All Other Expenditures
Total	**28.2%**	**19.5%**	**10.1%**	**1.4%**	**3.1%**	**7.7%**	**30.0%**
Alabama	24.1%	20.8%	20.8%	0.1%	2.4%	6.8%	25.1%
Alaska	11.6%	12.3%	8.1%	0.9%	2.8%	12.8%	51.5%
Arizona	30.3%	14.3%	12.7%	0.6%	2.9%	4.2%	35.1%

Implications

- Medicaid is the largest source of federal revenue for states, compromising between 23% and 78.5% of federal revenue to states
- On average, Medicaid accounts for 15.8% of state-only budgets, but this figure varies from 4% to 33% across states
- Capped funding proposals may decrease federal match rate

Uninsured Rates Vary Widely Across States

Uninsured Rate by State, CY 2013-2015 *(Table 15)*

State	Unisured Rate				Change in Unisured Rate	
	2013	2014	2015	Rank (2015)	2013-2014	2013-2015
Total	**14.4%**	**11.6%**	**9.4%**		**-2.8%**	**-5.1%**
Alabama	13.6%	11.9%	10.1%	19	-1.6%	-3.5%
Alaska	18.0%	17.2%	14.1%	2	-0.9%	-3.9%
Arizona	17.3%	13.6%	11.1%	12	-3.7%	-6.2%
Arkansas	16.0%	11.7%	9.4%	22	-4.3%	-6.6%
California	17.0%	12.4%	8.5%	27	-4.6%	-8.5%
Colorado	13.8%	10.4%	8.0%	29	-3.4%	-5.8%
Connecticut	9.2%	6.9%	6.0%	41	-2.3%	-3.2%
Delaware	10.0%	7.3%	5.6%	43	-2.7%	-4.4%
District of Columbia	6.3%	5.5%	3.6%	50	-0.8%	-2.7%
Florida	20.0%	16.5%	13.3%	5	-3.5%	-6.7%
Georgia	18.7%	15.7%	13.8%	4	-3.0%	-4.9%
Hawaii	6.9%	4.7%	3.7%	49	-2.1%	-3.1%
Idaho	16.1%	13.3%	11.2%	10	-2.8%	-4.9%
Illinois	12.6%	9.8%	7.0%	32	-2.8%	-5.6%
Indiana	14.0%	12.0%	9.8%	20	-2.0%	-4.2%
Iowa	8.7%	5.7%	4.8%	46	-3.0%	-3.9%
Kansas	12.3%	10.5%	9.2%	23	-1.7%	-3.1%

Implications

- Nationally, the uninsured rate dropped from 14.4% in 2013 to 9.4% in 2015
- In 2015, the uninsured rate among states varied from 2.8% to 16.9%
- Fixed funding could create challenges to sustaining coverage gains in future years
- States with a relatively high uninsured rate may be particularly hard-pressed under fixed funding to make progress in future years

Thank you!

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