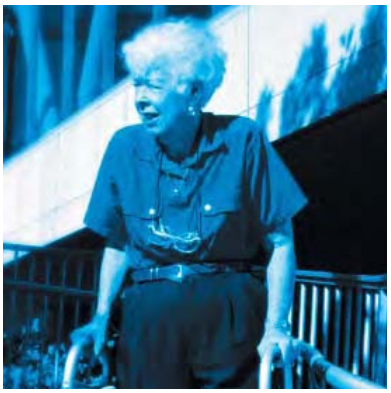
Kansas Medicaid

A PRIMER



Kansas Legislative Research Department

This primer is designed to serve as an introduction to the Kansas Medicaid program. The program, a state/federal partnership, provides health coverage to approximately 10 percent of Kansans and is second to K-12 education in terms of state spending.

KANSAS HEALTH INSTITUTE

About the Authors

This primer was jointly produced by the Kansas Legislative Research Department and the Kansas Health Institute with assistance from the Division of Health Policy and Finance in the Department of Administration.

The Legislative Research Department is a nonpartisan agency that provides support services to the Kansas Legislature. KLRD has provided nonpartisan, objective research and fiscal analysis since 1934.

The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

Table of Contents

What Is Medicaid? 1

What Does Kansas Spend on Medicaid? 3

What Services Does Medicaid Pay For? 5

Where Does the Medicaid Dollar Go? 6

Who Does Medicaid Cover? 8

Mandatory vs. Optional Eligibility Categories 11

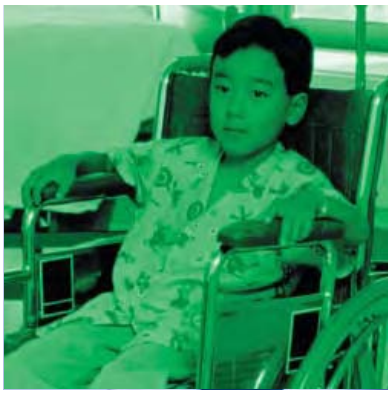
Trends in Kansas Medicaid Population 12

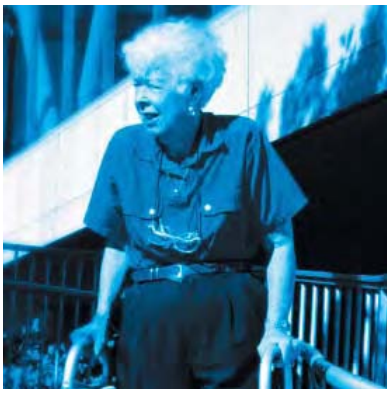
How Does Kansas Compare to Other States? 18

Online Resources 20








three things to know

1

Medicaid is a publicly financed program that provides health and long-term care coverage to three groups of low-income Kansans: individuals with disabilities, children and some parents, and seniors (65+).

2

Medicaid is a state/federal partnership that accounts for nearly one-fifth of the Kansas state budget.

3

Many aspects of Kansas' Medicaid program are determined by the federal government, but in one respect or another, most spending is a state option.

What is Medicaid?

Medicaid is a publicly financed source of health insurance and long-term care coverage for certain eligible population groups. After employer-based coverage, it is the second largest source of health coverage in the nation. Medicaid is expected, on average, to cover nearly 10 percent of Kansas' population in 2006, at a cost of $2.2 billion.

Medicaid is a state/federal partnership that has a significant impact on Kansas' economy, in part because Medicaid draws federal matching funds to the state. Nationally in 2004, the federal government paid for 57 percent of the $305 billion in total Medicaid expenditures. The federal government contributes approximately $1.50 for every dollar of state Medicaid spending in Kansas, a 60 percent matching rate. The matching rate varies from state to state, ranging in 2005 from $1 for every dollar of state Medicaid spending in wealthier states, such as Colorado, to $3.16 in poorer states, such as Mississippi. In Kansas, Medicaid accounts for 18.1 percent of the all-funds state budget and represents a significant portion of total spending on health care services.

Medicaid was enacted in 1965 at the same time as Medicare with the passage of the Social Security Amendments of 1965 (P.L. 89-97). However, as illustrated by the table below, Medicaid and Medicare serve different purposes. Kansas implemented Medicaid at the state level in 1974 when the Department of Social and Rehabilitation Services was created. Prior to 1974, Medicaid was administered at the county level. State participation in Medicaid is voluntary, but all 50

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How Does Medicaid Differ from Medicare?

Medicaid ...	Medicare ...
» Is a partnership between the federal government and the states with jointly shared funding and administration. » Provides health and long-term care coverage to low-income children and their parents, elders and individuals with disabilities. » Is a "means-tested" program: Individuals must meet certain income criteria, and possibly resource (asset) tests, in order to qualify.	» Is the federally funded health insurance program for Americans 65 and older, and for some adults with permanent disabilities. » Provides medical care coverage but very limited long-term care. A prescription drug benefit will be added in 2006. » Requires U.S. citizenship or permanent residence for at least five continuous years, an age of 65 or older and eligible for Social Security, or an age younger than 65 and receiving Social Security due to a permanent disability.

What Is Medicaid?

In Kansas, Medicaid accounts for 18.1 percent of the all-funds state budget and represents a significant portion of total spending on health care services.

states choose to participate. Medicaid provides health care coverage to low-income dependent children and their very low-income parents, certain pregnant women, low-income seniors and certain individuals with disabilities. It is jointly funded and managed by the federal government and the states. Non-disabled, non-elderly single and childless adults, regardless of their income, are not eligible for Medicaid.

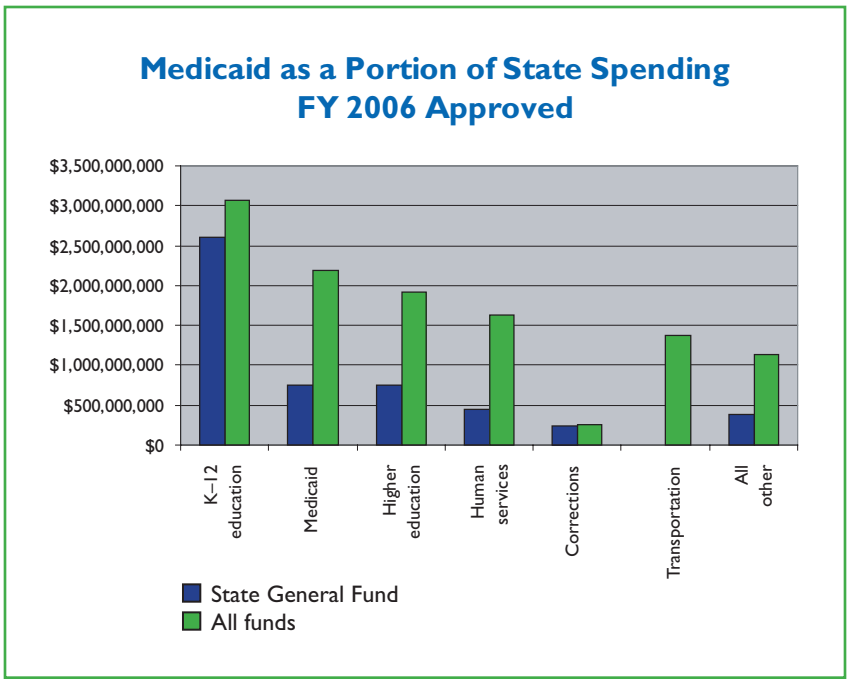
In Kansas, Medicaid is administered by the Division of Health Policy and Finance (DHPF) in the Department of Administration under broad federal guidelines and rules that ensure a minimum level of coverage for certain population groups. Kansas has flexibility to cover additional "optional" population groups and services. Within federal guidelines, the state of Kansas is responsible for establishing eligibility criteria, benefits packages, payment rates and program administration.

The Department of Administration's Division of Health Policy and Finance (DHPF) was created by the 2005 Legislature. On July 1, 2005, the new division assumed administrative responsibility for the Medicaid program from the Department of Social and Rehabilitation Services (SRS).

Administrative responsibility for Medicaid will be transferred again on July 1, 2006, to the Kansas Health Policy Authority (KHPA), which also was created by the 2005 Legislature. Comprised of nine voting members and seven ex-officio members, the KHPA is charged with the dual mission of improving the efficiency of the health care system and the health of Kansans through a new emphasis on public health initiatives.

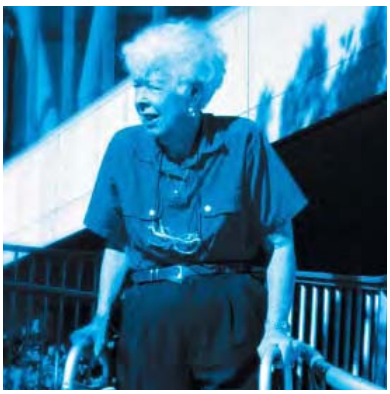
What Does Kansas Spend on Medicaid?

Kansas Medicaid is jointly funded through state funds and matching federal funds, with the federal government matching each state dollar with approximately one and a half federal dollars. As shown in the chart below, Medicaid is second only to K-12 education in terms of state spending.



Source: State of Kansas Comparison Report, FY 2006, Division of Budget, Department of Administration

In Kansas, seniors and individuals with disabilities account for almost one-third of Medicaid enrollees but more than two-thirds of expenditures. Even though children and their parents account for more than two-thirds of enrollees, less than one-third of Medicaid spending is attributable to these populations. Children account for more than half of all Kansas Medicaid enrollees but less than one-quarter of the costs. The DHPF estimates that an average of 140,000 low-income children will be enrolled in Medicaid in FY 2006—approximately 19 percent of all children in Kansas. Significantly more Medicaid dollars are used to provide services to seniors and individuals with disabilities than adults and children, largely due to the costs of long-term care, prescription drugs and specialty services. Most seniors and some Medicaid enrollees with disabilities also are enrolled in Medicare (commonly known as "dual eligibles"), which pays for most of the cost of doctor visits, hospitalizations and other eligible services.



Significantly more Medicaid dollars are used to provide services to seniors and individuals with disabilities than adults and children, largely due to the costs of long-term care, prescription drugs and specialty services.

What Does Kansas Spend on Medicaid?

Based on the approved budget for FY 2006, Medicaid spending (excluding long-term care) per low-income child is projected to average $2,460 annually, compared to $11,460 per enrollee with disabilities and $7,310 per elderly enrollee. These differences reflect the higher utilization of medical care services by elderly enrollees and those with disabilities—services that are far more costly than routine health care and preventive services typically covered for children and their parents. Medical care includes a range of services from doctor visits to hospitalizations, durable medical equipment, prescription drugs and home health services.

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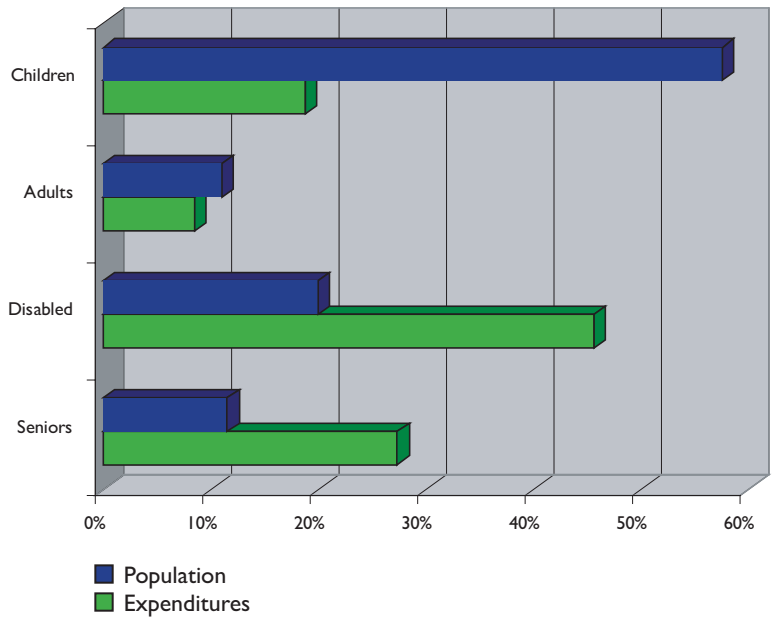
Medicaid Population and Expenditures for FY 2005 (as a percent of total)



Source: Medical Assistance Report (MAR), June 2005, Department of Social and Rehabilitation Services; Division of Health Policy and Finance, Department of Administration

What Services Does Medicaid Pay For?

Medicaid covers a broad and comprehensive range of health, mental health and long-term care services. Those required by federal law include:

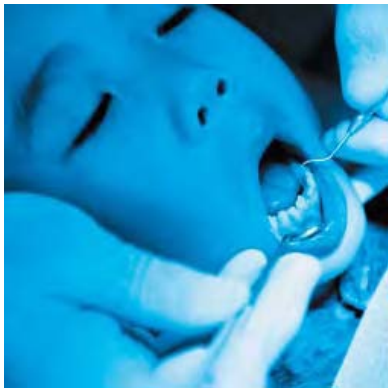
- Inpatient and outpatient hospital services.
- Rural health clinic and federally qualified health center (FQHC) services.
- Laboratory and X-ray services.
- Physicians' services and pediatric and family nurse practitioners' services.
- Nursing home and home health services.
- Early and periodic screening, diagnosis and treatment (EPSDT) for children younger than age 21, including immunizations and well-child care.
- All "medically necessary" care for children. Examples of services that must be covered include organ transplants, comprehensive dental care and individualized education plans (IEPs) in public schools.
- Family planning services and supplies.
- Nurse midwife services.
- Nursing facility services for individuals ages 21 and older.
- Home health care services for individuals eligible for nursing facility care.

Kansas has the option of choosing among 33 additional services eligible for the federal match and can determine the amount, duration and scope of services provided. Any "optional" services must be covered for all Medicaid population groups statewide. Kansas covers the following optional services:

- Prescription drugs.
- Clinic services (including diagnostic, screening and preventive).
- Services from podiatrists, optometrists and psychologists.
- Physical, occupational and speech therapy.
- Limited, emergency adult dental services.
- Prosthetic devices.
- Eyeglasses when necessary after surgery.
- Rehabilitative services, including mental health counseling.
- Inpatient psychiatric services for children younger than age 21 and for those 65 and older.
- Intermediate care facilities for the mentally retarded.
- Alcohol and drug addiction counseling and treatment for pregnant women.
- Case management services.
- Program for all-inclusive care for the elderly (PACE).
- Hospice care.
- Home and community-based services (HCBS) for qualified populations.

Kansas has the option of choosing among 33 additional services eligible for the federal match and can determine the amount, duration and scope of services provided.

Where Does the Medicaid Dollar Go?



Medicaid reimbursements for services can be split into three broad categories—Medicaid payments for medical care, adult care homes and home and community-based services.

Kansas Medicaid expenditures are comprised of administrative costs for program management and reimbursements for services. Administrative costs totaled $126.4 million in FY 2005 and comprised about 5 percent of state Medicaid expenditures. Medicaid reimbursements for services can be split into three broad categories—Medicaid payments for medical care ($1.3 billion in FY 2005), adult care homes ($366.9 million in FY 2005) and home and community-based services ($358.4 million in FY 2005).

Medical Care Services

Medicaid medical care services include physician and hospital services, dental services, pharmacy, rehabilitation and a host of other services. The largest users of medical care are the elderly and disabled. The most costly medical service category is pharmacy expenditures, followed closely by payments for inpatient hospital care. The previous state Medicaid agency—the Department of Social and Rehabilitation Services—instituted a number of cost-control measures over the years. For example, it implemented a restrictive drug formulary in 1986, which was systematically strengthened in subsequent years. Despite that and other efforts to control costs, Medicaid expenditures for medical care have increased from $430.4 million in FY 1996 to $1.3 billion in FY 2005—an increase of 204.2 percent over 10 years.

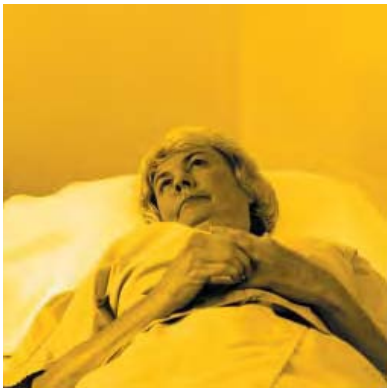
Where Does the Medicaid Dollar Go?

Adult Care Home Services

Adult care home services include nursing facilities, nursing facilities for mental health (NF/MHs) and intermediate care facilities for the mentally retarded (ICF/MRs). Nursing facilities make up the largest portion of expenditures for adult care homes, $335.2 million in FY 2005. Adult care home expenditures have increased from $270.1 million in FY 1996 to $366.9 million in FY 2005, an increase of 35.8 percent over 10 years.

Home and Community-based Services

Home and community-based services (HCBS) waivers allow a person who is eligible for placement in a nursing facility to instead receive services in the community and continue to live independently, and to become eligible for medical care through the regular Medicaid program. The average cost of long-term care services through a waiver is anywhere from 15 percent to 50 percent less than nursing facility services. There are six home and community-based services waivers—mental retardation/developmentally disabled, traumatic brain injury, physically disabled, severely emotionally disturbed, technology assistance and frail elderly. Long-term care expenditures for these waivers (excluding severely emotionally disturbed, which is included in Medicaid's regular medical budget) have increased from $239.6 million in 1999 to an approved $358.4 million in FY 2005—an increase of 49.6 percent over seven years. These increases do not include the costs of medical care incurred by waiver recipients.



The average cost of long-term care services through a waiver is anywhere from 15 percent to 50 percent less than nursing facility services.

Who Does Medicaid Cover?

In Kansas, Medicaid covers on average:

- One in 10 individuals—258,860 in 2005.
- One in five children.
- Seven percent of all individuals ages 65 and older.
- Six in 10 people in nursing facilities.
- Labor and delivery for one in three births.

As a federally designated "entitlement" program, states are required to provide coverage to all eligible individuals in certain population categories. Medicaid eligibility is always based on income but may also depend on age, available financial resources and, in some cases, health care needs. For most Medicaid enrollees, income eligibility criteria are based on federal poverty guidelines, which are detailed in a chart at the bottom of Page 9. Because states have flexibility to expand eligibility ceilings (but may not lower the "floor" or federal minimum to qualify), specific eligibility criteria vary greatly among the states.

Medicaid Eligibility Groups

Federal statutes define more than 50 groups of individuals who may qualify for Medicaid coverage. Kansas Medicaid covers many distinct groups, each with its own specific eligibility criteria. It may be useful to think in terms of four broad categories of Medicaid eligible groups:

1) **Seniors:** Medicaid provides long-term care and assistance with co-pays and deductibles for low-income Medicare beneficiaries who are older Americans (65+).
2) **The Disabled:** Low-income individuals of all ages with disabilities can receive medical care and long-term care through Medicaid.
3) **Low-income Children:** Children qualify for full medical Medicaid benefits if their family's income falls below certain levels.
4) **Low-income Adults:** Adults can qualify for full Medicaid benefits if they fall into certain restrictive categories.

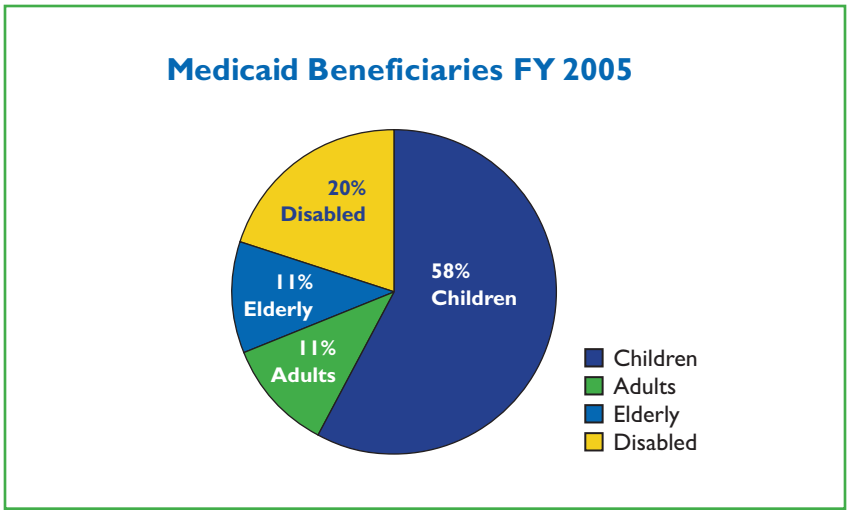
Seniors

- SSI—Individuals ages 65 and older who qualify for federal Supplemental Security Income (SSI) payments automatically qualify for Medicaid. For an elderly individual to qualify for SSI, he or she must have income less than 74 percent of the federal poverty level (FPL) and limited resources (less than $2,000 for an individual and $3,000 for a couple). Virtually all SSI recipients ages 65 and older also have Medicare coverage.

- Qualified Medicare Beneficiaries (QMB), Specified Low-income Medicare Beneficiaries (SLMB) and Medicare-qualifying Individuals—Low-income individuals ages 65 and older with limited resources who are not eligible for Medicaid benefits, but the state is obligated to pay some or all of their Medicare premiums, out-of-pocket co-insurance payments and deductibles.

- Medically Needy Aged—Seniors who have higher income levels may qualify through the Medically Needy program. Income above the SSI eligibility level (about $7,100 annually) is used to determine the spend-down. The spend-down is much like an insurance deductible.

Who Does Medicaid Cover?



Source: Medical Assistance Report (MAR), June 2005, Department of Social and Rehabilitation Services

Individuals with Disabilities

» SSI with Disabilities—Individuals with disabilities of all ages up to 65 who receive SSI cash assistance payments because of a medical condition that prevents them from working (or children who have a severe functional limitation) and is expected to last at least 12 months or result in death.

» Medically Needy Disabled—People with disabilities who have higher income levels may qualify through the Medically Needy program. Income above the SSI eligibility level (about $7,100 annually) is used to determine the spend-down. The spend-down is much like an insurance deductible.

2005 Federal Poverty Level (FPL) Guidelines for 48 Contiguous States and Washington, D.C.

Family Size	32% FPL	74% FPL	100% FPL	133% FPL	150% FPL	200% FPL
1	$3,062	$7,082	$9,570	$12,728	$14,355	$19,140
2	$4,106	$9,494	$12,830	$17,064	$19,245	$25,660
3	$5,149	$11,907	$16,090	$21,400	$24,135	$32,180
4	$6,192	$14,319	$19,350	$25,736	$29,025	$38,700

Source: Federal Register, Vol. 70, No. 33, February 18, 2005, pp. 8373-8375

Who Does Medicaid Cover?

Dual Eligibility

An important aspect of the Medicaid program is that a sizeable group of beneficiaries—38 percent in 2002—are enrolled in both Medicaid and Medicare. Virtually all elderly Medicaid enrollees are also enrolled in Medicare. Because Medicare does not cover prescription drugs or long-term care, Medicaid covers a large portion of the total health care costs for low-income elders. In addition, individuals with disabilities receiving Social Security Disability Income (SSDI) automatically qualify for Medicare as well as Medicaid. The implementation of the Medicare Modernization Act of 2003 will introduce a prescription drug benefit for Medicare beneficiaries.

» Working Healthy Program—People with disabilities who are working or interested in working have the opportunity to keep their Medicaid coverage while on the job through this program. In exchange, people may pay a premium for their health care coverage.

» Home and Community-based Services (HCBS) Waivers—People with disabilities are provided care in the community through the HCBS waivers instead of institutional or nursing facility placement.

Low-income Children

» Low-income Children—Children living in families with low incomes are eligible for Medicaid coverage. For infants, the income threshold is 150 percent of the federal poverty level; for children ages 1 to 6, the income threshold is 133 percent of the federal poverty level; and for children ages 6 to 18, the income threshold is 100 percent of the federal poverty level. Note that children above these income levels can be eligible for Kansas' State Children's Health Insurance Program (SCHIP) (See box on page 11).

» Foster Children—Children who are in state-sponsored adoption assistance programs or foster care are automatically eligible for Medicaid coverage up to age 21.

Low-income Adults

» Very Low-income Parents—Parents of Medicaid-enrolled children who earn no more than $5,632 for a family of four or who are eligible for transitional Medicaid because their incomes have recently increased above the $5,632 threshold.

» Pregnant Women/Women with Infants—Pregnant women and new mothers (60 days postpartum) with incomes below 150 percent of the federal poverty level.

» Non-citizens—Federal law requires all states to provide emergency medical services for individuals who otherwise meet Medicaid eligibility criteria, except for U.S. citizenship.

» Breast and Cervical Cancer Program—Uninsured women or those with very limited health care coverage up to 250 percent of the federal poverty level, 40-64 years of age with breast or cervical cancer who meet eligibility criteria relating to citizenship/alienage, state residency, cooperation and lack of insurance coverage.

Mandatory vs. Optional Eligibility Categories

For decades, states participating in Medicaid had little latitude to cover populations beyond the very low-income populations the program was created to help. However, since the early 1980s, the federal government has given states more flexibility to expand coverage to "optional populations." Though Kansas has not taken as expansive an approach as some other states, it has extended coverage to the following optional populations:

- Working Healthy (working disabled).
- Pregnant women and children (younger than 1 year) from 134 percent to 150 percent of the federal poverty level (FPL).
- Nursing home residents above SSI income levels but below 300 percent of SSI.
- The medically needy.
- Children up to 21 years who age out of foster care.
- Individuals served by home and community-based (HCBS) waivers.

Since the early 1980s, the federal government has given states more flexibility to expand coverage to "optional populations."

Children's Health Insurance Program

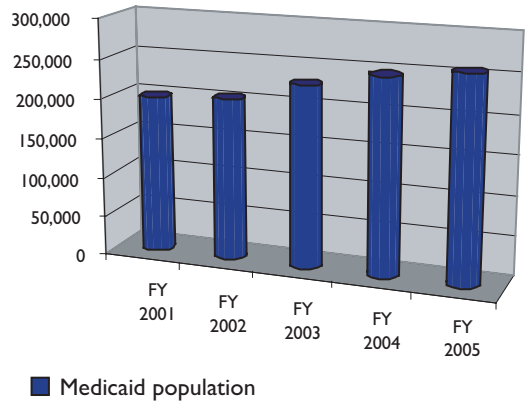
In 1997, Congress created a new option for states to cover low-income children not qualifying for Medicaid. The State Children's Health Insurance Program (SCHIP) gives states the option to amend their Medicaid programs to include additional children under that program or create separate programs. Kansas developed a separate program now known as HealthWave SCHIP that serves children up to 200 percent of the federal poverty level. In FY 2006, the HealthWave SCHIP program is expected to serve, on average, 37,249 children each month at an all-funds cost of $58 million per year. HealthWave SCHIP enrollees and expenditures are not included in the Medicaid figures presented.

Trends in Kansas Medicaid Population

The largest change can be found in the number of children enrolled in Medicaid. This can be attributed to a number of factors, including the implementation of the State Children's Health Insurance Program (SCHIP) in Kansas on Jan. 1, 1999.

One of the factors contributing to the increase in Medicaid spending is the growing number of enrollees. During the past five years, the total number of Medicaid enrollees has steadily increased. Caseloads for adults and the disabled have increased steadily, while the number of aged Medicaid recipients has remained relatively flat. The largest change can be found in the number of children enrolled in Medicaid. This can be attributed to a number of factors, including the implementation of the State Children's Health Insurance Program (SCHIP) in Kansas on Jan. 1, 1999. Aggressive outreach to identify children eligible for SCHIP also boosted Medicaid enrollment, because children found eligible for Medicaid are required to enroll in Medicaid rather than SCHIP. Another significant factor in the rising number of children on Medicaid has been the provision, since 1999, of 12 months of continuous coverage to children enrolling in the program.

Medicaid Population Growth FY 2001–FY 2005

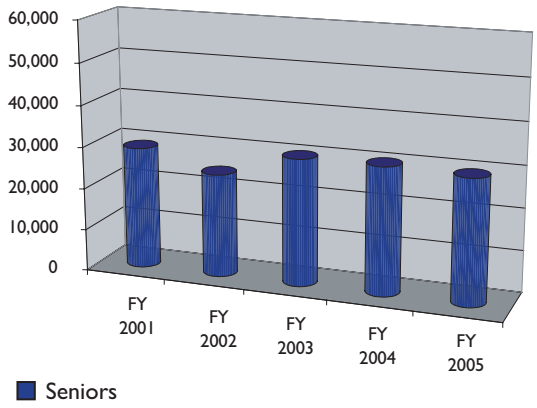


Source: Medical Assistance Report (MAR), June 2001–June 2005, Department of Social and Rehabilitation Services

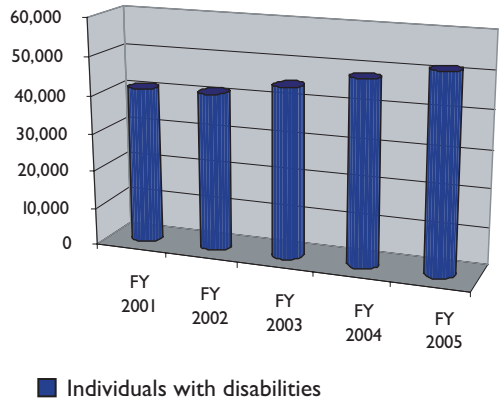
Trends in Kansas Medicaid Population

Seniors and people with disabilities are the most expensive Medicaid clients. While the number of Medicaid recipients with disabilities has increased over the last five years, the number of seniors has remained relatively level.

Growth in Seniors on Medicaid FY 2001–FY 2005



Growth in Individuals with Disabilities on Medicaid FY 2001–FY 2005

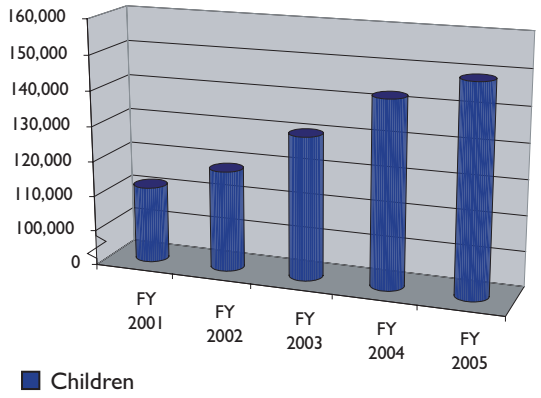


Source: Medical Assistance Report (MAR), June 2001–June 2005, Department of Social and Rehabilitation Services

Trends in Kansas Medicaid Population

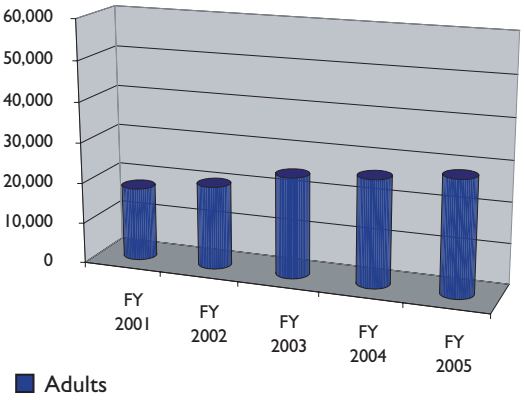
Since FY 2001, the number of low-income children and adults receiving Medicaid has increased at a steady rate.

Growth in Children on Medicaid FY 2001–FY 2005



Note the difference in scale.

Growth in Adults on Medicaid FY 2001–FY 2005



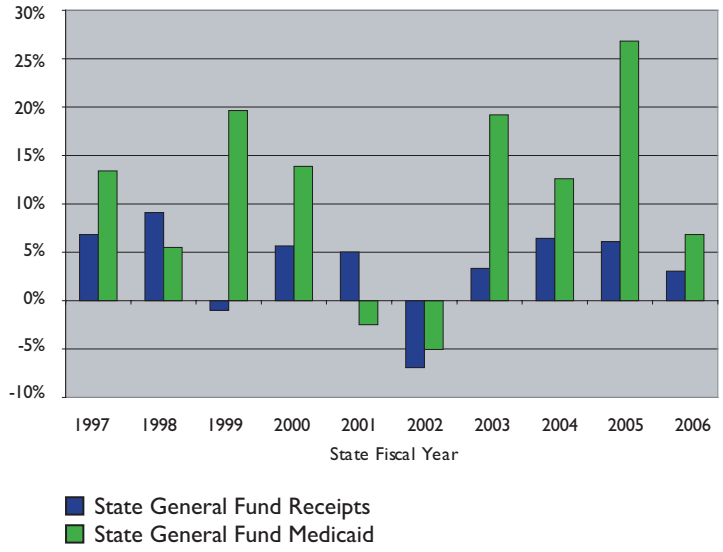
Source: Medical Assistance Report (MAR), June 2001–June 2005, Department of Social and Rehabilitation Services

Trends in Kansas Medicaid Population

As the figure below shows, increases in State General Fund Medicaid expenditures have not tracked closely with State General Fund revenue growth.

- Over the 10-year period between 1997 and 2006, State General Fund revenues have increased 34.1 percent, while State General Fund Medicaid expenditures have increased by 142 percent.
- In FY 2001 and FY 2002, State General Fund Medicaid expenditures decreased, reflecting the use of Intergovernmental Transfer (IGT) funds in place of State General Fund dollars.
- In FY 1999, FY 2003 and FY 2005, Medicaid expenditures increased approximately 20 percent from the previous years.
- Medicaid expenditures and state revenues may diverge for a variety of reasons, for example, new tax policies, steady increases in caseloads, growth in underlying health care costs, etc. Some divergence may be expected: Medicaid expenditures increase significantly during economic recessions, while state revenues decrease during these times.

Percent Change in SGF Revenues and SGF Medicaid Expenditures



Sources: Kansas Legislative Research Department; State of Kansas Comparison Report, Fiscal Year 1998–2006, Division of Budget, Department of Administration

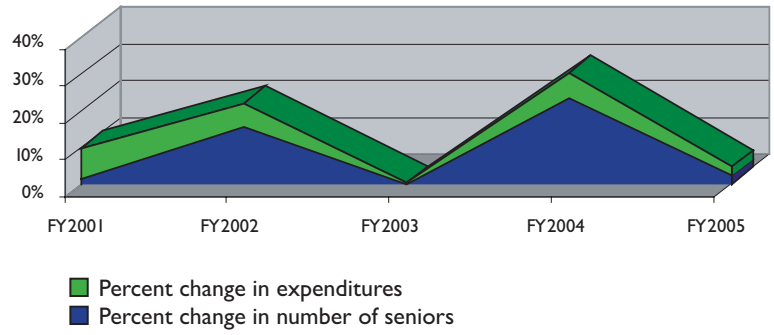
What Is a Waiver?

States can apply to the Centers for Medicare and Medicaid Services (CMS) for "waivers" to waive federal rules regarding eligibility (e.g., to allow expansions to additional populations), provider participation (e.g., to allow managed care) and benefits (e.g., to provide enhanced long-term care benefits to a subset of the Medicaid population). Kansas has implemented a series of waivers for home and community-based services. These waivers enable income-eligible individuals at risk of institutionalization to receive services in their homes or communities in addition to the standard Medicaid benefit packages. Kansas' waiver programs have enrollment ceilings, and some have active waiting lists. The federal Health Insurance Flexibility and Accountability (HIFA) waiver initiative allows states to apply for greater flexibility in how they administer Medicaid and the State Children's Health Insurance Program (SCHIP). States must demonstrate that waiver programs will be "budget neutral," or that the costs associated with the new program will not exceed what would have been spent without the waiver. HIFA waivers are relatively new, and their impact on enrollees and providers is still being analyzed in states where they have been implemented.

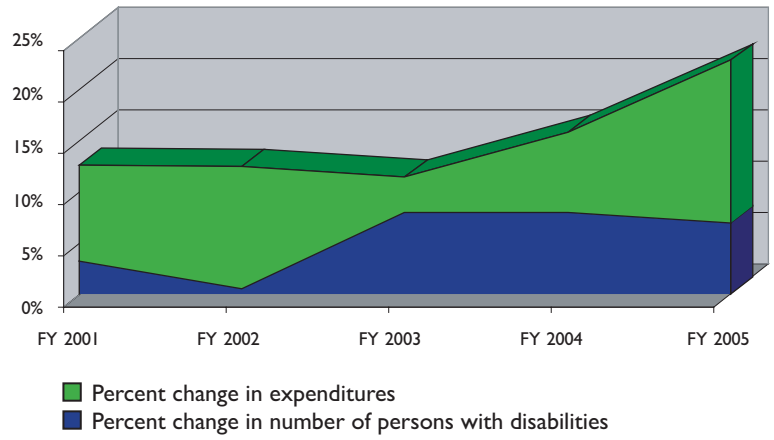
Trends in Kansas Medicaid Population

The growth in expenditures for seniors has closely followed the growth of seniors receiving Medicaid, while expenditures for people with disabilities have greatly exceeded the population growth.

Percentage Change in Growth of Medicaid Seniors and Expenditures



Percentage Change in Growth of Medicaid Persons with Disabilities and Expenditures

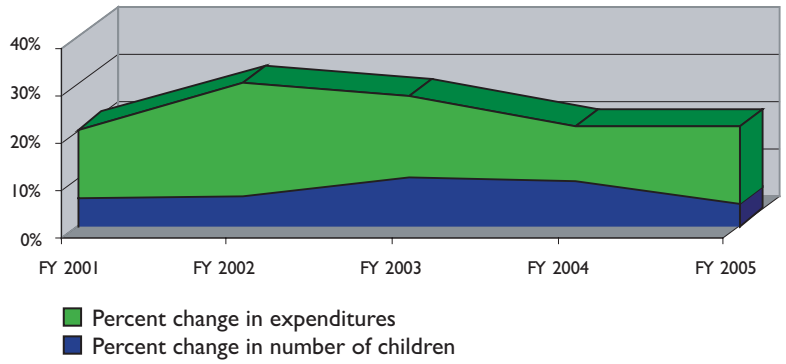


Source: Medical Assistance Report (MAR), June 2000–June 2005, Department of Social and Rehabilitation Services

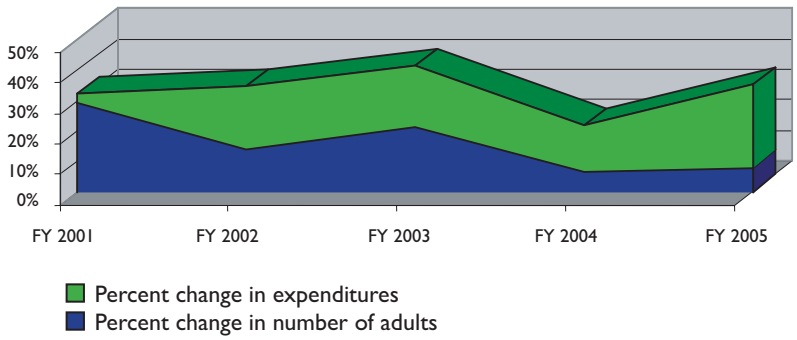
Trends in Kansas Medicaid Population

While the numbers of low-income children and adults served by Medicaid continue to increase, the cost of providing services has increased at a higher rate.

Percentage Change in Growth of Medicaid Children and Expenditures



Percentage Change in Growth of Medicaid Adults and Expenditures



Source: Medical Assistance Report (MAR), June 2000–June 2005, Department of Social and Rehabilitation Services

How Does Kansas Compare to Other States?

Medicaid spending depends on a range of factors, including population need, state financial capacity, generosity and program design. The rankings below and the explanations that follow are intended to put Kansas Medicaid spending in a national context.

When compared to other states, Kansas ranks relatively low or average in several measures of population health care needs. That is to say, these needs are not as great in Kansas as they are in many other states. Kansas ranks near the middle in financial capacity and in the size of its Medicaid program relative to need.

How Kansas' Medicaid Program Compares to Other States

	Rank among states*
Total Medicaid Spending in Kansas (state plus federal share):	
Per state resident	43rd
Per low-income person	31st
Per Medicaid enrollee	15th
Per dollar of Gross State Product (income)	22nd
Per dollar of state tax revenue	41st
Percent of Kansas' Population:	
In poverty	32nd
On Medicaid	45th
Uninsured	41st
Elderly (65+)	26th
Percent of Medicaid Enrollees in Kansas Who Are:	
Children	16th
Adults	44th
Elderly and disabled	20th
Percent of Medicaid Spending on Elderly and Disabled	4th

**Ranked most (1st) to least (51st) among 50 states and Washington, D.C.*

Source: Kaiser Family Foundation statehealthfacts.org

How Does Kansas Compare to Other States?

Health care needs—Kansas ranks:

- 32nd in the percent of its population in poverty.
- 41st in the percent of its population without insurance.
- 26th in the percent of its population that is elderly but 16th in the percentage of its population that is 75 years or older, a subgroup more likely to need Medicaid long-term care.

Financial capacity—Kansas ranks:

- 30th in Gross State Product per person.
- 20th in unemployment.

Medicaid program generosity—Kansas ranks:

- 45th in the percentage of population served by Medicaid, but 15th in spending per Medicaid recipient.
- 41st in Medicaid spending per dollar of state revenue, but 22nd in Medicaid spending as a percentage of Gross State Product.
- 31st in Medicaid spending per low-income person.

Medicaid populations served as a percentage of total enrollment—Kansas ranks:

- 16th in child enrollment.
- 20th in elderly and disabled enrollment, **but 4th in percent spending on elderly and disabled enrollees.**
- 44th in beneficiaries who are non-elderly adults.

Online Resources

Kansas Division of Health Policy and Finance
http://da.state.ks.us/hpf/

Kansas Legislative Research Department
http://skyways.lib.ks.us/ksleg/KLRD/klrd.html

Kansas Health Institute
http://www.khi.org

Centers for Medicare and Medicaid Services
http://www.cms.hhs.gov/medicaid

Kaiser Commission on Medicaid and the Uninsured
http://www.kff.org/about/kcmu.cfm

Kaiser Family Foundation statehealthfacts.org
http://www.statehealthfacts.kff.org/

National Conference of State Legislatures
http://www.ncsl.org/programs/health/medicaid.htm