

Medicaid Reform
Background Resource Reference Material
July 2005

Topic	Reference/Resource	URL
Medicaid Recipient Characteristics, Spending and Utilization		
Explanation of Document		
Income, Poverty and Health Insurance Coverage in the United States: 2003 U.S. Census Bureau August 2004	This report presents data on income, poverty, and health insurance coverage in the US based on information collected in the 2004 Annual Social and Economic Supplement (ASEC) to the Current Population Survey (CPS) conducted by the U.S. Census Bureau.	http://www.census.gov/prod/2004pubs/p60-226.pdf
Medicaid - A Primer Kaiser Commission of Medicaid and Uninsured July 2005	This document contains general information about the Medicaid Program: i.e. who is covered, what is covered.	http://www.kff.org/medicaid/upload/7334%20Medicaid%20Primer_Final%20for%20posting-3.pdf
Characteristics of Medicaid Recipients with High Prescription Drug Expense in 2000/PHARMA	This paper explains who is being cared for with Medicaid expenditures for prescription medicines.	http://www.phrma.org/publications/policy/2003-12-09.878.pdf
Implications of Federal Medicaid Reform on States, Beneficiaries and Providers/American Hospital Association Trend Watch April 2005	This issue of TrendWatch provides a brief overview of the Medicaid program, a discussion of the current proposals for Medicaid reform and spending cuts, and an appraisal of their potential implications for states, providers and the health care safety net. Recent efforts by states to reduce state spending are included in the paper.	http://www.aha.org/ahapolicyforum/trendwatch/content/twapril2005medicaid.pdf
Persistence in Health Status and Health Care Expenditures Among Publicly-Insured Children with Special Health Care Needs (CSHCN) /National Center on Financing for CSHCN	This issue brief describes expenditure persistence among children with special health care needs (CSHCN) in Medicaid and the State Childrens Health Insurance Program (SCHIP) over a two year period using person-level health care use data. Children's health and sociodemographic factors related to the persistence of high health care expenditures from one year to the next are also examined.	http://www.ichp.ufl.edu/documents/Persistence%20of%20High%20Expenditures.pdf
High Cost Medicaid Patients/United Hospital Fund March 2004	This is a general overview of utilization patterns and costs of high cost Medicaid patients along with recommendations regarding improved management of these patients.	http://www.uhfnyc.org/usr_doc/High_Cost_Patients_-_Background_Briefing_Materials_-_V2B1.ppt
Understanding the Recent Growth in Medicaid Spending 2000-2003/Health Affairs January/2005	This paper explores changes that took place during 2000–2003. Over this period, spending grew by 10.2 percent annually, with growth in spending on medical services of 11.3 percent. Spending growth was lower in 2002 to 2003 because of slower growth in enrollment and in spending per enrollee, particularly for acute care services, and declines in disproportionate-share hospital (DSH) payments and upper payment limit (UPL) programs. For 2000-2003, the authors find that the key driver of Medicaid spending increases was enrollment growth. Increases in spending per enrollee over the period were faster than inflation but slower than increases in private insurance spending.	http://content.healthaffairs.org/cgi/reprint/hlthaff.w5.52v1
Medicaid and an Aging Population/Georgetown University July 2004	This paper reviews the wide variation in the resources states are currently devoting to long-term care and indicates that in coming years, different rates of population aging may shift the financial burdens among states.	http://lrc.georgetown.edu/pdfs/merlis.pdf
Dual Eligibles: Medicaid Enrollment and Spending for Medicare Beneficiaries in 2003/Kaiser Family Foundation July 2005	In this paper, the latest available data is used to estimate the share of total Medicaid enrollment and spending attributable to dual eligibles in 2003. State-level estimates of Medicaid enrollment and expenditures for dual eligibles are provided. A breakdown of both enrollment and expenditures for services used by both aged and disabled dual eligibles is also provided.	http://www.kff.org/medicaid/upload/7346%20Dual%20Eligibles_Enrollment%20and%20Spending_Beneficiaries_Final_revised%207_28.pdf
Medicaid Financing/National Health Policy Forum September 2004	This paper provides a general overview of how the Medicaid program is financed.	http://www.nhpf.org/pdfs_basics/Basics%5FMedicaidFinancing%2Epdf

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**Medicaid's Disproportionate Share
Hospital Program: Complex Structure,
Critical Payments/National Health Policy
Forum September 2004**

This background paper describes the history and political evolution of Medicaid's disproportionate share hospital (DSH) program and examines DSH as it exists today. It highlights the importance of DSH payments for the viability of safety net hospitals and considers the consequences of states' creative financing strategies for maximizing federal Medicaid matching funds. Finally, this paper reviews several options for improving the structure and effectiveness of the DSH program.

http://www.nhpf.org/pdfs_bp/BP%5FMedicaidDSH%5F09%2D14%2D04%2Epdf