General Information about CMS/MSIS2082, main data source of this report:

[Based on Center for Medicare and Medicaid Services (CMS) description of Medical Statistical Information System (MSIS) data]

CMS/MSIS2082 data represent people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States submit individual eligibility and claims data tapes to CMS on a quarterly basis via MSIS (the Medicaid Statistical Information System).

Starting FFY1999, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

Caveats:

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans. MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year.

State-only SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program. Refer to CMS document titled “MSIS State Data Characteristics/Anomalies Report” (accessible from URL: http://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/MedicaidDataSourcesGenInfo/downloads/anomalies1.pdf) for details on state specific data anomalies and other data issues.

CONTACT INFORMATION

Contact Suk-fong Tang, Department of Practice, with comments about the report; contact Dan Walter or Wendy Chill, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2008 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at http://www.aap.org/en-us/professional-resources/Research/research-resources/Pages/Medicaid-State-Reports.aspx
### MEDICAID ENROLLEES AND EXPENDITURES*

#### A. Federal Medical Assistance Percentage (FMAP)**
- MAINE: 64.4%, 75.1%  
- CT, MA, ME, NH, RI & VT are included in the New England Region

#### B. Total Medicaid Enrollment (FFY2009)***
- MAINE: 360,439

#### C. Total Medicaid Expenditures (FFY2009)***
- MAINE: $1,460M

#### D. Total Medicaid Managed Care^ Enrollment, 07/01/2010 (as Proportion of Population)
- MAINE: 194,464

#### E. %Medicaid Children(ages 0-20) Enrolled in HMO (FFY2009)
- MAINE: 0.0%

#### F. Enrollee through Age 20, FFY 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>(as Proportion of Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>138,557</td>
<td>(7.7% of 1,788,265)</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>125,432</td>
<td>(7.9% of 1,590,607)</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>44,189</td>
<td>(9.2% of 480,872)</td>
</tr>
<tr>
<td>Infants</td>
<td>7,652</td>
<td>(9.5% of 80,462)</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>36,537</td>
<td>(9.1% of 400,410)</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>81,243</td>
<td>(7.3% of 1,109,735)</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>56,373</td>
<td>(7.7% of 733,576)</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>24,870</td>
<td>(6.6% of 370,159)</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>13,125</td>
<td>(6.4% of 197,668)</td>
</tr>
</tbody>
</table>

#### G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FFY 2009

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% Total Enrollees</th>
<th>% Total Expenditures</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>38.4%</td>
<td>26.8%</td>
<td>$2,825</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>34.8%</td>
<td>24.0%</td>
<td>$2,798</td>
</tr>
<tr>
<td>Through Age 5</td>
<td>12.3%</td>
<td>6.7%</td>
<td>$2,200</td>
</tr>
<tr>
<td>Infants</td>
<td>2.1%</td>
<td>1.7%</td>
<td>$3,223</td>
</tr>
<tr>
<td>Ages 1 through 5</td>
<td>10.1%</td>
<td>5.0%</td>
<td>$1,986</td>
</tr>
<tr>
<td>Ages 6 through 18</td>
<td>22.5%</td>
<td>17.4%</td>
<td>$3,123</td>
</tr>
<tr>
<td>Ages 6 through 14</td>
<td>15.6%</td>
<td>9.5%</td>
<td>$2,458</td>
</tr>
<tr>
<td>Ages 15 through 18</td>
<td>6.9%</td>
<td>7.9%</td>
<td>$4,630</td>
</tr>
<tr>
<td>Ages 19 and 20</td>
<td>3.6%</td>
<td>2.8%</td>
<td>$3,087</td>
</tr>
</tbody>
</table>

Age 21 or Older
- 61.6% 73.2% $4,815

Age 65 or Older
- 16.9% 23.6% $5,675

#### H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** (FY2009)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Number of Enrollees</th>
<th>Per Enrollee Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Through Age 20</td>
<td>131,409</td>
<td>$1,982</td>
</tr>
<tr>
<td>Through Age 18</td>
<td>119,311</td>
<td>$2,016</td>
</tr>
</tbody>
</table>

### Notes:
- * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions.
- ** Regional and US averages of standard and enhanced FMAPs are weighted by total FFY2009 Title XIX and Title XXI Medicaid total expenditures, respectively. ** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares.
- ^ Includes Primary Care Case Management, medical, dental, mental and other managed care plans.
- ^^ Point-in-time enrollment on 06/30/2010, at 0.3M, was an estimated 79.6% of 0.4M total annual enrollment state(s) reported to CMS for FY 2009. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.
II. MEDICAID* SERVICE UTILIZATION, FFY2009

A. Payments by Age and Type of Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>1.3%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>1.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>1.3%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>0.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>2.7%</td>
<td>4.2%</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>0.2%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>&lt;.05%</td>
<td>16.4%</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>&lt;.05%</td>
<td>&lt;.05%</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>3.6%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>0.1%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>3.8%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>26.8%</strong></td>
<td><strong>73.2%</strong></td>
</tr>
</tbody>
</table>

B. Average Payments per User of Service and Percent of Enrollees Using Each Service**

<table>
<thead>
<tr>
<th>Service</th>
<th>CHILDREN Under 21</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician Services</td>
<td>$233</td>
<td>$413</td>
</tr>
<tr>
<td>Dental Services</td>
<td>$370</td>
<td>$395</td>
</tr>
<tr>
<td>Clinic Services</td>
<td>$481</td>
<td>$182</td>
</tr>
<tr>
<td>Other Practitioner Services</td>
<td>$129</td>
<td>$117</td>
</tr>
<tr>
<td>Outpatient Hospital</td>
<td>$1,626</td>
<td>$1,034</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>$3,896</td>
<td>$4,442</td>
</tr>
<tr>
<td>Intermediate Care Facilities (ICF-MRs)^</td>
<td>$173,240</td>
<td>$144,621</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>$988</td>
<td>$28,320</td>
</tr>
<tr>
<td>Mental Health Facility Services</td>
<td>$2,774</td>
<td>$2,482</td>
</tr>
<tr>
<td>Personal Care Services</td>
<td>$2,177</td>
<td>$2,629</td>
</tr>
<tr>
<td>Home Health Services</td>
<td>$1,591</td>
<td>$2,716</td>
</tr>
<tr>
<td>Lab and X-Ray</td>
<td>$111</td>
<td>$218</td>
</tr>
<tr>
<td>Prescribed Drugs</td>
<td>$626</td>
<td>$1,274</td>
</tr>
<tr>
<td>Capitated Payment</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Primary Care Case Management Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Sterilization Services</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Other Care Services~</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$4,440</strong></td>
<td><strong>$7,414</strong></td>
</tr>
</tbody>
</table>

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, p155-163 (URL: http://www.cms.gov/MSIS/Downloads/msisdd2010.pdf ). ~ May include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. --- Expenditures do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally-retarded. ‘na’ Data unavailable. ‘NA’ Not applicable.
SOURCES:


