Demographics


Distribution of persons age 50-64 by family income (%), 2006 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey (CPS) 2007 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized persons age 50-64 with family (and related subfamily) income below 150 percent of poverty, and below 200 percent of poverty in 2006. In calendar year 2006, the federal poverty threshold for a family of four was $20,614. “-” = data not reported due to small sample size.

Distribution of persons age 65+ by family income (%), 2006 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, CPS 2007 March
Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized persons age 65+ with family (and related subfamily) income below 150 and below 200 percent of poverty in 2006. In calendar year 2006, the federal poverty threshold for a family of four was $20,614. “–” = data not reported due to small sample size.

Medicare

**Medicare beneficiaries: Number (in 1,000s), 2008** — AARP Public Policy Institute calculations using data from Kaiser Commission on Medicaid and the Uninsured, “Total Number of Medicare Beneficiaries, 2008,” 2008. Data from the Centers for Medicare and Medicaid Services (CMS), Office of External Affairs, released 1/31/08. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the total number of beneficiaries (in 1,000s) enrolled in the Medicare program as of January 2008, including persons enrolled in Part A only (Hospital Insurance), Part B only (Supplementary Medical Insurance), or both Part A and Part B.


**Medicare beneficiaries with full or partial Medicaid (%), 2003** — Kaiser Commission on Medicaid and the Uninsured, “Dual Eligibles as a Percent of Total Medicare Enrollees, 2003,” 2005. Calculations based on (1) CMS Statistics: Medicare State Enrollment, CMS; and (2) Urban Institute estimates based on data from the Medicaid Statistical Information System. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the percentage of noninstitutionalized Medicare beneficiaries of all ages who also had full or partial Medicaid coverage during 2003. Medicare beneficiaries with full Medicaid coverage qualify for full Medicaid benefits, including long-term care provided both in institutions and in the community as well as prescription drugs. For this group, Medicaid may also pay Medicare premiums and cost sharing. Medicare beneficiaries with partial Medicaid coverage are not eligible for full Medicaid benefits but may receive assistance with some or all of their Medicare premiums and cost sharing.

**Private supplemental coverage among Medicare beneficiaries age 65+ (%): Employer sponsored, 2006** — AARP Public Policy Institute analysis using data from the U.S. Department of Commerce, Bureau of the Census, CPS 2007 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized Medicare beneficiaries age 65 and over who had employer-provided (retirement or other) health insurance at any time during 2006. Employer-sponsored coverage did not preclude the possibility of coverage from another source at some time during the year. “–” = data not reported due to small sample size.
Private supplemental coverage among Medicare beneficiaries age 65+ (%): Individually purchased, 2006 — AARP Public Policy Institute analysis using data from the U.S. Department of Commerce, Bureau of the Census, CPS 2007 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized Medicare beneficiaries age 65 and over who had privately purchased individual supplemental coverage (e.g., Medigap) at any time during 2006. Individually purchased coverage did not preclude the possibility of coverage from another source at some time during the year. “–” = data not reported due to small sample size.

Enrollment of Medicare beneficiaries in MA plans (%), 2007 — Mathematica Policy Research, Inc. for the Kaiser Commission on Medicaid and the Uninsured, “Medicare Advantage (MA) Plan Penetration, 2007,” 2007. Calculations based on CMS MA Enrollment by State County Contract File. Data on the total number of Medicare eligibles from December 2005 were used to calculate plan penetration. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the percentage of total Medicare beneficiaries who were enrolled in Medicare Advantage plans as of 2007. Medicare Advantage plans include Coordinated Care Plans (HMOs), Private Fee-for-Service Plans, Preferred Provider Organizations, and Specialty Plans. Data do not include Health Care Prepayment Plans (Sec. 1833 of the Social Security Act) or Program of All Inclusive Care for the Elderly (PACE) plans. Enrollment was attributed to the state in which the beneficiary resided. “<1”= less than one percent enrollment. The U.S total includes the Commonwealth of Puerto Rico.

Medicare beneficiaries with creditable prescription drug coverage (%), 2008 — Kaiser Commission on Medicaid and the Uninsured, “Distribution of Medicare Beneficiaries with Creditable Prescription Drug Coverage by Type, as of January 2008,” 2008. Data from Centers for Medicare and Medicaid Services (CMS), Office of External Affairs, released 1/31/08. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the percentage of total Medicare beneficiaries who had creditable prescription drug coverage as of January 2007. Creditable drug coverage is defined as drug coverage that meets or exceeds the actuarial value of the standard Part D benefit. Total excludes approximately 2.1 million beneficiaries with the following sources of drug coverage because these data are currently not available at the state level: other retiree coverage not enrolled in retiree drug subsidy (1.54 million); Medigap and other individual insurance (.21 million); State Pharmaceutical Insurance Programs (.02 million), Indian Health Service Coverage (.03 million); other sources (.30 million includes Federal Employee Health Benefit program spouses and dependents). U.S. total includes the U.S. territories and beneficiaries whose address information is being updated.

Number of Part D enrollees receiving the LIS (in 1,000s), 2008 — AARP Public Policy Institute calculations using data from Kaiser Commission on Medicaid and the Uninsured, “Medicare Drug Benefit Enrollees with the Low-Income Subsidy, as of January 2008,” 2008. Data from Centers for Medicare and Medicaid Services (CMS), Office of External Affairs, released 1/31/08. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the number of Medicare beneficiaries who were receiving the low-income subsidy as of January 2008. Medicare beneficiaries with income below 150% of poverty ($14,700/individual; $19,800/couple in 2006) and limited resources (11,500/individual; $23,000/couple) are eligible for additional premium and cost-sharing assistance for prescriptions drugs under Part D of the Medicare program. U.S. total includes the U.S. territories and beneficiaries whose address information is being updated.
Medicaid

Medicaid enrollment by enrollment group (%), FY2005 — The Urban Institute and Kaiser Commission on Medicaid and the Uninsured, “Distribution of Medicaid Enrollees by Enrollment Group, FY2005,” 2008. Estimates based on data from Medicaid Statistical Information System (MSIS) reports from the Centers for Medicare and Medicaid Services (CMS), 2008. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to the distribution of persons enrolled in Medicaid for any length of time during FY2005 based on their eligibility category. These individuals may not have actually used any services during this period, but they were reported as enrolled in the program and were eligible to receive services in at least one month. “Child” generally refers to enrollees age 17 and younger. “Adult” generally refers to enrollees age 18 to 64. However, some people under age 18 may have been classified as “adults” and some people age 18 and older may have been classified as “children” depending on why they qualified for the program and each state’s practices. “Elderly” refers to all enrollees age 65 and older. “Disabled” refers to enrollees age 64 and under who were reported as eligible for Medicaid due to a disability. The enrollment estimates differ slightly from similar estimates posted by CMS because adjustments to the data have been made for several states where some individuals appeared to be categorized incorrectly. Maine data are for FY2004.

Medicaid payment by category of enrollee (%), FY2005 — The Urban Institute and Kaiser Commission on Medicaid and the Uninsured, “Distribution of Medicaid Payments by Enrollment Group (in millions), FY2005,” 2008. Estimates based on data from Medicaid Statistical Information System (MSIS) reports from the Centers for Medicare and Medicaid Services (CMS), 2008. Retrieved from the World Wide Web: http://www.statehealthfacts.org. EXPLANATION: Refers to Medicaid payments made in FY2005. “Child” generally refers to enrollees age 17 and younger. “Adult” generally refers to enrollees age 18 to 64. However, some people under age 18 may have been classified as “adults” and some people age 18 and older may have been classified as “children” depending on why they qualified for the program and each state’s practices. “Elderly” refers to all enrollees age 65 and older. “Disabled” includes enrollees age 64 and under who were reported as eligible for Medicaid due to a disability. “Unknown” refers to enrollees who were not classified. Spending includes both state and federal Medicaid payments. The payment amounts from the source data reflect payments for services during federal fiscal year 2005, based on date of payment. Maine data are for FY2004.

Persons under age 65 in poverty with Medicaid (% <65 in poverty), 2006 — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, CPS 2007 March Supplement. EXPLANATION: Refers to the percentage of all noninstitutionalized persons under age 65 with family (and related subfamily) income at or below 100 percent of the federal poverty threshold in 2006 who reported being covered by Medicaid at any time during 2006.

funds) as a percentage of total state expenditures in FY2005. Total state expenditures consist of state general funds, other state funds, and federal funds spent on elementary and secondary education, higher education, public assistance, Medicaid, corrections, transportation, and other services. “N/A” = data not available.

**State-only Medicaid expenditures as a percent of state-only spending, FY2005** — AARP Public Policy Institute analysis using data from the National Association of State Budget Officers, The Reforming States Group, and the Milbank Memorial Fund, “2005 State Expenditure Report,” Table 1, “Total State Expenditures—Capital Inclusive,” and Table 28, “Medicaid Expenditures ($ in Millions),” Fall 2006. EXPLANATION: Refers to state-funded Medicaid expenditures as a percentage of FY2005 state-funded budgets. Data do not include the federal portion of Medicaid spending, but do include funds from county/city government. “N/A” = data not available.


**Medicaid long-term care expenditures (%): HCBS, FY2006** — AARP Public Policy Institute analysis using data from Brian Burwell, Kate Sredl, and Steve Eiken, “Medicaid Long Term Care Expenditures FY 2006” Medstat, August 2007. EXPLANATION: Refers to the percentage of Medicaid long-term care payments attributed to home and community-based services (HCBS) in FY2006. HCBS includes home health, personal care, and HCBS waiver programs.

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**Health Insurance**

**Uninsured adults age 50-64 (%), 2006** — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, CPS 2007 March Supplement. EXPLANATION: Refers to the percentage of noninstitutionalized persons between the ages of 50 and 64 who reported having no type of health insurance coverage (public or private) throughout 2006. Due to changes in the CPS questions used to ascertain health insurance status that were introduced in the 2000 survey, as well as changes in CPS’s data editing in 2007, caution should be used when comparing data with that in editions of AARP Public Policy Institute’s State Profiles. “–” = data not reported due to small sample size.

**Uninsured adults age 50-64 (% of population), 2006** — AARP Public Policy Institute analysis using data from U.S. Department of Commerce, Bureau of the Census, CPS 2007 March Supplement. EXPLANATION: Refers to noninstitutionalized persons between the ages of 50 and 64 who reported having no type of health insurance coverage (public or private) throughout 2006 as a percentage of all persons between the ages of 50 and 64. Due to changes in the CPS questions used to ascertain health insurance status that were introduced in the 2000 survey, as well as changes in CPS’s data editing in 2007, caution should be used when comparing data with that in editions of AARP Public Policy Institute’s State Profiles. “–” = data not reported due to small sample size.