

# The Geography of Federal Medicaid Reform: Distribution of New York’s Medicaid Population

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The Medicaid Institute at United Hospital Fund is working to improve the Medicaid program in New York by providing information and analysis and developing a shared vision for change.

The Medicaid Institute at United Hospital Fund

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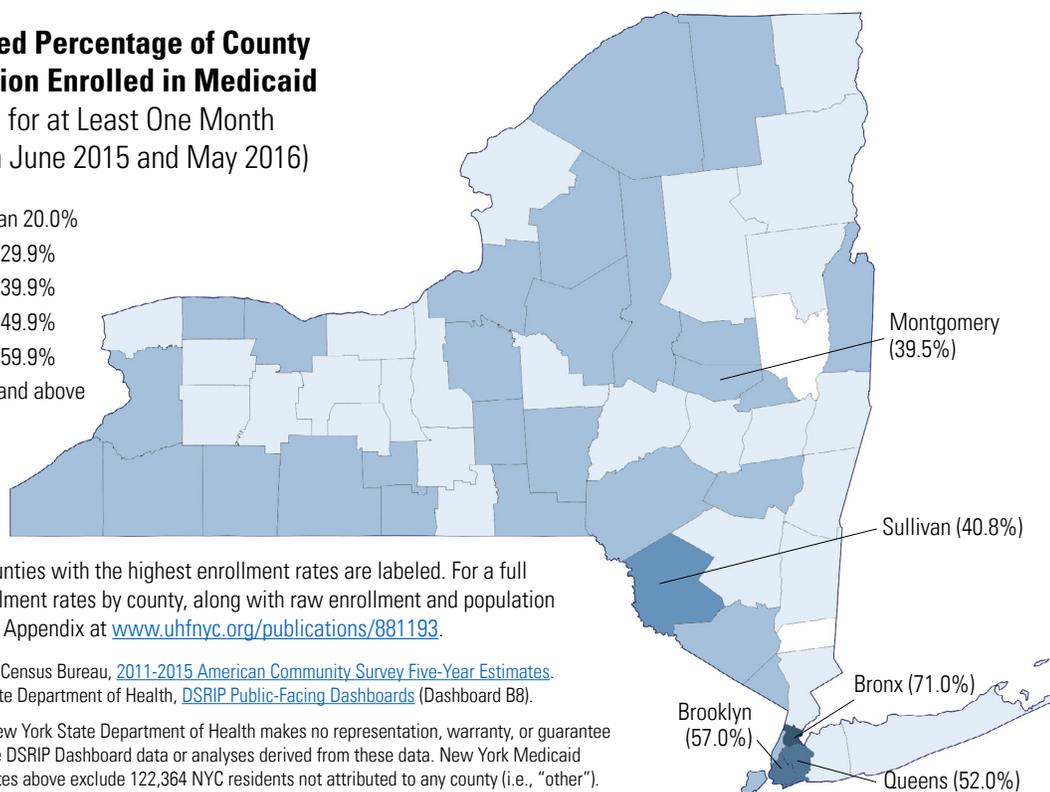
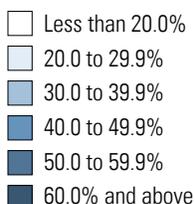
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As of March 24, 2017, Congress is considering fundamental changes to the federal-state Medicaid program. [Several proposals](#) could significantly affect New York’s Medicaid program, including the following:

- Implementing a new per capita-based cap on federal Medicaid funding (with the option for states to cover certain non-elderly and non-disabled adults and children under a block grant);
- Decreasing New York’s federal Medicaid funding under the new per capita-based cap by the amount of counties’ unreimbursed Medicaid expenditures (except for New York City’s expenditures);
- Eliminating enhanced federal funding for new adult enrollees, and for “grandfathered” enrollees with breaks in eligibility, in states’ Affordable Care Act (ACA) Medicaid expansions—including the enhanced funding for states like New York that had expanded Medicaid before the ACA;
- Eliminating presumptive eligibility for hospitals and for Medicaid expansion adults;
- Limiting retroactive Medicaid coverage to the month of application (eliminating the additional three-month period under current law); and
- Requiring states to re-determine eligibility for Medicaid expansion adults every six months.

Regardless of whether these specific proposals are adopted, federal Medicaid reform could affect all regions of New York, due to the broad distribution of the state’s Medicaid population (shown below). From June 2015 to May 2016, all but two of New York’s 62 counties enrolled more than 20 percent of their residents in Medicaid for one or more months, and just over half (33 counties) enrolled more than 30 percent of residents. New York City could experience some of the largest effects; over 50 percent of Brooklyn and Queens residents were enrolled in Medicaid for at least one month, as were over 70 percent of Bronx residents. Given Medicaid’s geographical reach, federal reform could have statewide implications for issues such as local residents’ access to health coverage, providers’ uncompensated care costs, and state and county shares of Medicaid financing.

## Estimated Percentage of County Population Enrolled in Medicaid (Enrolled for at Least One Month Between June 2015 and May 2016)



The five counties with the highest enrollment rates are labeled. For a full list of enrollment rates by county, along with raw enrollment and population counts, see Appendix at [www.uhfnyc.org/publications/881193](http://www.uhfnyc.org/publications/881193).

Sources: U.S. Census Bureau, [2011-2015 American Community Survey Five-Year Estimates](#). New York State Department of Health, [DSRIP Public-Facing Dashboards](#) (Dashboard B8).

Notes: The New York State Department of Health makes no representation, warranty, or guarantee relating to the DSRIP Dashboard data or analyses derived from these data. New York Medicaid enrollment rates above exclude 122,364 NYC residents not attributed to any county (i.e., “other”).