

**OCTOBER 2017**

**ANALYSIS OF SELECTED ERIE COUNTY  
MEDICAID DATA**

**JANUARY 1, 2017-JUNE 30, 2017 AND SELECTED PRIOR PERIODS**



**ERIE COUNTY OFFICE OF THE MEDICAID INSPECTOR GENERAL  
MICHAEL R. SZUKALA, MBA, CIA  
ERIE COUNTY MEDICAID INSPECTOR GENERAL**

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**ERIE COUNTY OFFICE OF THE MEDICAID INSPECTOR GENERAL  
95 FRANKLIN STREET, ROOM 802  
BUFFALO, NEW YORK 14202**

October 06, 2017

Hon. Mark C. Poloncarz, Esq.  
Erie County Executive  
95 Franklin Street, 16<sup>th</sup> Floor  
Buffalo, New York 14202



Dear County Executive Poloncarz:

In 2013, 2014, 2015 and 2016, The Office of the Medicaid Inspector General for Erie County (“MIG Team”) provided you<sup>1</sup> with an analysis of Erie County’s Medicaid data. After those reports were released, you met with the MIG Team on several occasions and asked that the team follow-up on certain issues brought up in those reports. Additionally, you asked that we discuss new topics and suggested other areas you believed were appropriate for our analysis. This report, the fifth in this series, addresses the ideas discussed at meetings over the past several years.

In May 2013, after approval from the New York State Office of Medicaid Inspector General (“OMIG”), the MIG Team received training on and access to New York State’s Medicaid Data Warehouse (“MDW”). The software used to access the MDW is provided by the Salient Management Company (“SALIENT”). The MDW contains the individual transaction records for all Medicaid claims data in New York State, although the MIG Team only has access to data for Erie County recipients. The MIG Team has complete access to all Medicaid claims data in Erie County on a real-time basis.

This database is covered by the legal and regulatory provisions of the Health Insurance Portability and Accountability Act (“HIPAA”). Much of the data is confidential in nature and cannot be released under this federal law. However, amalgamations of data are allowed as long as individual privacy is not breached. OMIG and other State and local agencies required the MIG Team to agree to sign and adhere to three separate non-disclosure agreements when accessing this data.

Access to this Medicaid information allows Erie County, specifically the MIG Team, to focus audit work on areas of high or low usage, patterns of unusual usage or high Medicaid cost. This will help Erie County and New York State better manage its Medicaid costs.

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<sup>1</sup> In this document, “you” and “your” refer to the County Executive. “We” and “our” refer to the MIG Team.

## **MEDICAID INSPECTOR GENERAL FOR ERIE COUNTY**

Since September 1, 2012, operating under agreements with OMIG, the MIG Team has completed or is in the process of completing thirty-three (33) audits. These audits cover more than \$90 million in Medicaid payments. The results of those audits have been submitted to OMIG, as per the agreements, for follow-up and action by the State.

As of July 1, 2017, we are trained to perform and authorized to perform audits on the following types of Medicaid vendors:

- Ambulette Transportation
- Assisted Living Programs
- Durable Medical Equipment
- Long-Term Home Healthcare
- Pharmacy
- Taxi Transportation

The MIG Team continues to work on a variety of projects and cooperate with OMIG and law enforcement agencies as required and/or necessary. Under the County's agreements with OMIG and other State agencies, the MIG Team is restricted from commenting on ongoing or recently completed Medicaid audits while OMIG reviews the results and considers State action.

The MIG Team, which features three employees, is funded through the State under a 2012 agreement.

## **MEDICAID**

Our previous report discussed Medicaid funding within New York State and Erie County. The September 2013 report can be found at:

<http://www2.erie.gov/exec/sites/www2.erie.gov.exec/files/uploads/MIG%20Report.pdf>.

Our report from 2014 can be found at:

<http://www2.erie.gov/medicaid/sites/www2.erie.gov.medicaid/files/uploads/Erie%20County%20Mig%20Report%20on%20Medicaid%20dated%20November%205%2C%202014%20.pdf>

The report from 2015 can be found at:

<http://www2.erie.gov/medicaid/sites/www2.erie.gov.medicaid/files/uploads/pdfs/Erie%20County%20Mig%20Report%20on%20Medicaid%20dated%20November%2012%202015%20.pdf>

The Federal government mandates that state Medicaid covers a core of services. States can cover or provide optional services if they so choose.

TABLE 1. Mandated and Optional State Medicaid Health Care Services<sup>2</sup>

Mandatory Services: States Must Cover	Optional Services: States May Cover
<ul style="list-style-type: none"> <li>• Inpatient and outpatient hospital services</li> <li>• Physician, midwife, and certified nurse practitioner services</li> <li>• Laboratory and x-ray services</li> <li>• Nursing home and home health care for individuals over the age of 21</li> <li>• Early and periodic screening, diagnosis, and treatment (EPSDT) for children under age 21</li> <li>• Family planning services and supplies</li> <li>• Rural health clinic/federally qualified health center services</li> </ul>	<ul style="list-style-type: none"> <li>• Diagnostic, screening, preventive, rehabilitative services</li> <li>• Clinic services</li> <li>• Intermediate care facilities for the mentally retarded (ICFs/MR)</li> <li>• Prescribed drugs and prosthetic devices</li> <li>• Optometrist services and eyeglasses</li> <li>• Nursing facility services for children under age 21</li> <li>• Transportation services (may be covered, must be assured)</li> <li>• Physical and occupational therapy</li> <li>• Home and community-based care to certain persons with chronic impairments</li> <li>• Dental services (for adults)</li> </ul>

New York State covers nearly all the optional services for Medicaid.<sup>2</sup>

## APPLYING FOR MEDICAID IN ERIE COUNTY

Qualifying for Medicaid in New York is subject to a number of rules and conditions. Income eligibility is a basic criterion

Medicaid is a flexible program. Individuals have qualified for Medicaid in New York State despite making more than the Federal 2017 Annual Poverty Guideline. The Patient Protection and Affordable Care Act of 2010 (“ACA”) creates a national Medicaid minimum eligibility level that covers most Americans with household income up to 133% of the federal poverty level. This amount is \$32,718 for a family of four in 2017.

Beginning in January of 2014, the ACA provided a new and simplified method for calculating eligibility for Medicaid and some other programs. The new method uses modified adjusted gross income (“MAGI”). MAGI replaces a process that used income deductions that are different in each state and often differed by eligibility group. The new method uses an individual’s MAGI, deducts 5% (called a “disregard”) and compares that number to the income standards. An applicant’s Adjusted Gross Income (“AGI”) is easily found: it’s on their most currently filed federal income tax return.<sup>3</sup>

For those filing a 2016 1040-EZ, the AGI is found on line 4. For those filing a form 1040 in

<sup>2</sup> From Salient HHS, “Overview of Medicaid for Salient Users” dated October 2012, Page 34.

<sup>3</sup> From the Department of Health and Human Services website. [WWW.Medicaid.gov](http://WWW.Medicaid.gov)

2016, the Adjusted Gross Income is found on line 37.<sup>4</sup>

Pregnant females, children, disabled persons, and others may be eligible for Medicaid if their income is above these levels and they have medical bills. Individuals who are certified blind or disabled, or age 65 or older who have more resources may also be eligible.

Medicaid covers some costs retroactively. Medicaid may retroactively cover the health care expenses for up to three (3) months prior to the application month, if the individual would have been eligible during the retroactive period. Coverage generally stops at the end of the month in which a person no longer meets the eligibility requirements.<sup>5</sup>

TABLE 2. Selected poverty guidelines as a percentage of the Federal poverty level <sup>6</sup>

<b>2017 Federal Poverty Guidelines</b>				
<b>Household Size</b>	<b>100%</b>	<b>133%</b>	<b>150%</b>	<b>200%</b>
1	\$12,060	\$16,040	\$18,090	\$24,120
2	16,240	21,599	24,360	32,480
3	20,420	27,159	30,630	40,840
4	24,600	32,718	36,900	49,200
5	28,780	38,277	43,170	57,560

In New York State, the Minimum Wage is \$9.70 per hour as of December 31, 2016.<sup>7</sup> Individuals earning minimum wage who work 40 hours per week for 50 weeks per year earn an annual wage of \$19,400.

As an example, a family of two children and two adults, with both adults working 40 hours per week for 50 weeks at the New York State Minimum Wage as of July 1, 2016, would have an income of \$38,800.00. With no other income or adjustments to their AGI, the Disregard would be \$1,940.00. (\$38,800 X 5%) In this example the MAGI would be \$36,860 and this family would not qualify for Medicaid under the current guidelines.

The ACA ensures that no one would lose health coverage as a result of converting to the MAGI rules.<sup>8</sup> This family could be covered under Medicaid should special circumstances apply, or covered under the Medicaid adult coverage group, or they would be able to purchase insurance

<sup>4</sup> From the Internal Revenue Service website. [www.irs.gov](http://www.irs.gov)

<sup>5</sup> New York State Department of Health website. <http://www.health.ny.gov/>

<sup>6</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>

<sup>7</sup> New York State Department of Labor website. [www.labor.ny.gov](http://www.labor.ny.gov)

<sup>8</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>

with the benefit of a premium tax credit and possible cost-sharing reductions through the health plan marketplace run by New York State.

If someone believes they qualify for Medicaid, or they wish to purchase insurance through the health plan marketplace run by New York State, they should apply online through the NY State of Health ([www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)).

At this time, changes are being considered to Medicaid qualifications as well as other Medicaid rules by the US Congress. Any interested applicant is urged to visit the NY State of Health ([www.nystateofhealth.ny.gov](http://www.nystateofhealth.ny.gov)) website or [www.medicaid.gov](http://www.medicaid.gov) for the most current information.

## **MEDICAID AND POVERTY**

In August of 2017, the Erie County Executive held a Poverty Summit. The purpose of the summit was to discuss the causes of and potential solutions to poverty within Erie County. We did a presentation as part of that summit. Major portions of that presentation are included in this document.

It is important to remember that not all individuals on Medicaid would be classified as poor by the US Census. As of July 1, 2016, the US Census estimates that about 145,000 persons live at or below the poverty line in Erie County.<sup>9</sup> Compare this to the 282,844 clients on Medicaid in Erie County in 2016 as shown in Table 3.

The 2011-2015 American Community Survey, undertaken by the US Census, estimated that for Erie County, there are about three and one-half times as many persons living at or below 50% of the poverty level (\$12,300 for a family of four), as live with an income 500% or more above the poverty level (about \$123,000 for a family of four).<sup>10</sup>

The 2016 American Community Survey revealed that the uninsured rate in the United States was 8.58%. However, the uninsured rate in New York State was 6.06%. The uninsured rate in Western New York was determined to be 3.68%. This means that compared to the national average, 185,000 additional persons have health care coverage in Western New York.<sup>11</sup>

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<sup>9</sup> US Census [www.census.gov](http://www.census.gov)

<sup>10</sup> US Census [www.census.gov](http://www.census.gov)

<sup>11</sup> US Census [www.census.gov](http://www.census.gov)

## MEDICAID DATA FOR ERIE COUNTY

TABLE 3. Total Erie County Medicaid cost, for the years 2008 through 2016, and from January 1, 2017 through June 30, 2017.

Medicaid Costs For The Years 2008 - 2017						
	2008	2010	2012	2014	2016	2017 <sup>AB</sup>
Medicaid Costs	\$ 1,232,805,297	\$ 1,378,441,731	\$ 1,457,205,797	\$ 1,647,822,707	\$ 1,889,528,990	\$ 931,596,169
Erie County's Portion of Medicaid Costs	\$ 194,778,518	\$ 200,523,329	\$ 211,765,441	\$ 211,425,799	\$ 205,528,355	\$ 203,834,038
Medicaid Clients	183,555	204,888	221,753	259,421	282,844	260,100
Medicaid Cost Per Client	\$ 6,716.27	\$ 6,727.78	\$ 6,571.30	\$ 6,351.92	\$ 6,680.46	N/A
A Medicaid costs for 2017 are as of June 30, 2017 and are incomplete.						
B Erie County's portion of Medicaid costs for 2017 are for the entire fiscal year.						

Medicaid claims must be initially submitted within 90 days of the date of service, but claims must be **finally** submitted within two (2) years.

Erie County's Medicaid payments are calculated on a weekly basis.

The County's final costs in 2014 were reduced by \$5.7 million from the 2014 adopted budget figure of \$217,160,208, also due to additional enhanced FMAP funding. Table 3 reflects these additional payments.

### The FMAP Percentage

The reason for the drop in Medicaid costs to Erie County is the ACA. The ACA changed the calculation of the FMAP percentage.

The Medicaid program is jointly funded by states and the federal government and in the case of New York State, the county governments. In states that choose to participate, the federal government pays at least half the cost of providing needed services to program beneficiaries. The federal share of those costs is determined by the FMAP. The Social Security Act requires the Secretary of Health and Human Services to calculate and publish the FMAPs each year.<sup>12</sup>

<sup>12</sup> An Overview of the Federal Medicaid Matching Rate (FMAP), The Henry J. Kaiser Family Foundation.  
<http://www.kff.org>.

The FMAP is calculated annually using a formula set forth in federal statute. The FMAP is inversely proportional to a state's average personal income relative to the national average. States with lower average personal incomes have higher FMAPs. Personal income data is lagged, so data used for FY 2018 was based on 2014-2016.

The ACA provides an FMAP of 100 percent for the period 2014-2016 and at least 90 percent thereafter for the cost of covering newly eligible low-income adults. The costs of administration are generally matched at 50 percent, although some administrative activities receive a higher federal matching rate.

The FMAP for New York State for the federal government's current fiscal year (October 1, 2017 through September 30, 2018) is 50%<sup>13</sup>. New York State shares the lowest FMAP percentage in the nation with thirteen (13) other states. The highest FMAP percentage for federal FY 2018 is 75.65% for the state of Mississippi.<sup>14</sup> This means that despite the large cost of New York's Medicaid program, by percentage, the state is receiving a lower federal contribution than many other states.

Beginning in 2014, ACA establishes highly enhanced FMAPs for the cost of services to low-income adults with incomes up to 138% of the Federal Poverty Level ("FPL") who are not currently covered. The federal government will pick up 100% of such costs in 2014 through 2016, phasing down to 90% in 2020 and beyond. The Enhanced FMAP for New York State is 65% for FY 2018.<sup>15</sup>

This enhanced FMAP percentage has resulted in an increased reimbursement to Erie County, and as a result, a lower County share of the total Medicaid cost.

There is an Enhanced FMAP for CHIP ("eFMAP") used in the Children's Health Insurance Program ("CHIP") and in the Medicaid program for certain children for expenditures for medical assistance. New York State's eFMAP for 2018 is 88%.<sup>16</sup>

## **Medicaid Expenditures by Billed Provider**

Reviewing Medicaid costs by billed provider (such as dentist, pharmacy, laboratory, etc.) offers an opportunity to see where Medicaid spends its funds.

The State has moved more individuals to Managed Care since 2011, with costs shown below demonstrating that progression. Managed Care has also largely assumed the responsibilities for the cost categories of Nurse, Pharmacy, Dental, and Laboratory Costs.

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<sup>13</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>

<sup>14</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>

<sup>15</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>

<sup>16</sup> US Department of Health and Human Services website. <http://www.hhs.gov/>



TABLE 4. Medicaid expenditures by billed Medicaid provider type.

<b>Medicaid Costs by Billed Provider Type</b>					
	2008	2010	2012	2014	2016
Capitation Provider	\$ 224,967,010	\$ 330,194,726	\$ 570,839,622	\$ 772,417,281	\$ 1,002,468,131
Home Health Agency	115,954,161	126,134,682	130,161,160	111,257,985	103,720,473
Long Term Care Facility	245,195,423	193,066,633	185,867,082	189,950,368	171,113,925
Multi Type Provider	280,187,413	376,395,011	350,878,682	380,319,657	405,652,364
Hospital	118,364,527	99,967,068	85,823,264	77,013,210	73,449,695
Diagnostic and Treatment Center	80,817,698	46,695,927	50,779,384	43,330,293	48,994,177
Transportation	8,061,206	13,348,534	13,948,436	15,977,574	32,047,318
Pharmacy	116,026,491	139,705,961	26,157,292	21,281,953	20,872,007
Physician & Chiropractor	11,255,957	14,854,820	11,285,133	14,074,520	10,409,468
Nurse	10,126,967	10,133,887	9,792,167	8,858,137	6,843,980
Child Care Institution	2,497,891	3,035,961	6,065,963	6,598,006	8,022,198
Dentist	14,016,364	19,406,652	11,104,381	3,322,413	2,841,257
Medical Appliance Dealer	4,185,269	3,920,802	3,128,972	2,235,484	1,902,645
Laboratory	456,942	483,941	359,903	282,165	473,025
Optician	293,877	379,177	353,775	311,653	315,134
Clinical Psychologist & Clinical Social Worker	164,865	199,346	193,234	142,173	88,583
Physician Group	-	130,011	100,514	128,558	97,712
Podiatrist	108,024	154,361	153,182	125,168	64,982
Optometrist	110,760	138,151	101,282	72,507	77,663
Therapist & Therapy Groups	14,451	96,082	112,367	123,600	74,254
Totals	\$ 1,232,805,297	\$ 1,378,441,731	\$ 1,457,205,797	\$ 1,647,822,707	\$ 1,889,528,990

Medicaid claims must be initially submitted within 90 days of the date of service, but claims must be **finally** submitted within two (2) years.

Transportation costs have jumped dramatically for Medicaid. They have more than tripled since 2008. The detail of those costs is provided in Table 6.

TABLE 5. Additional descriptions for selected Medicaid categories

Additional Descriptions for Selected Categories <sup>A</sup>	
MEDICAL APPLIANCE DEALERS	Medical Appliance Dealers sell and maintain medical equipment in the home to aid in a better quality of living. Examples are items such as: iron lungs, oxygen tents, Nebulizers, CPAP, catheters, hospital beds, and wheelchairs and blood glucose monitors.
HOME HEALTH AGENCY	Home Health Care includes skilled nursing care, physical therapy, occupational therapy, and speech therapy, medical social services and home health aide services. Home Health Agencies may also teach patients (or family members or friends) how to care for a patient.
PHARMACY	Cost of pharmaceuticals. As of October 2011 pharmacy costs were assumed by managed care providers for those clients enrolled in all managed care programs (Certain limited exceptions apply).
CAPITATION PROVIDER	A healthcare plan that allows payment of a flat fee for each patient it covers. Under a capitation, an HMO or managed care organization pays a fixed amount of money for its members to the health care provider.
LONG TERM CARE FACILITY	Long-term care facilities include nursing homes, rehabilitation facilities, inpatient behavioral health facilities, and long-term chronic care hospitals. Any facility that provides rehabilitative, restorative, and/or ongoing skilled nursing care to patients or residents in need of assistance with the activities of daily living.
DIAGNOSTIC AND TREATMENT FACILITY	A facility that performs tests to identify the nature or cause of a medical problem.
MULTI TYPE PROVIDER	A provider that falls into more than one category. For example, a medical practice that is composed of a therapist and a clinical social worker.
A Descriptions provided by the "Center for Medicaid and Medicare Services" at CMS.gov.	

## Erie County Medicaid Expenditures for Transportation

TABLE 6. Cost detail by vendor type for Medicaid transportation

<b>Transportation Types and Payments</b>					
	2008	2010	2012	2014	2016
Ambulance	\$ 4,555,798	\$ 5,184,924	\$ 5,624,051	\$ 5,698,390	\$ 7,496,888
Ambulette	3,501,883	4,139,110	6,448,243	4,310,732	9,033,011
Taxi and Livery	3,525	3,868,771	1,703,616	5,894,885	15,516,683
Day Treatment Transportation	-	155,727	172,526	73,567	735
Category Total	\$ 8,061,206	\$ 13,348,533	\$ 13,948,436	\$ 15,977,574	\$ 32,047,318

Since 2008, only payments to Capitation Providers have increased faster than Transportation costs.

Medicaid transportation is a federally-required service managed by the New York State Department of Health (“DOH”)<sup>17</sup>. Transportation insures that Medicaid clients have access to approved medical services. In Erie County, the DOH has retained a private firm to manage non-emergency fee-for-service transportation.

Transportation requires a medical professional’s justification. The Transportation Provider looks for this medical justification on a NYS Form 2015. A copy of Form 2015 is provided in Appendix A.

A Medicaid client has a medical provider contact the DOH Transportation Manager to arrange for transportation. The Transportation Manager then confirms that the client is covered by Medicaid, that the trip is for a Medicaid covered service, selects a medically appropriate mode of transportation, confirms the client’s physical address and pick-up time, and verifies the location and time of the medical appointment. Approved clients receive a “Prior Authorization Number”. It is this “Prior Authorization Number”, present on a daily trip schedule, that is the approval of the transportation service. Clients with a “Prior Authorization Number” on record can contact the Transportation Manager directly to request transportation.

Transportation can include an ambulance, an ambulette, taxi/livery services and a wheelchair van. An ambulance and an ambulette are different vehicles. An ambulance will have trained para-medical staff whereas these persons are not available with an ambulette. An ambulance is equipped with emergency medical equipment, which is generally not seen in an ambulette. An ambulette usually has a wheel chair ramp or hydraulic lifts. Though there could be flashing lights fitted on an ambulette, sirens are not present as there is no need for any urgency in transport. An ambulette is usually larger than an ambulance. Moreover, an ambulette can carry more persons than an ambulance.

<sup>17</sup> Social Security Act 1902 (a) (70) and 42 C.F.R. 440.170

The most significant difference between an ambulette and an ambulance is an ambulance is called for in an emergency, life-threatening, situation. There are significant differences between Medicaid reimbursement rates for the cost of an ambulance or an ambulette.

Taxi and Livery vehicles are standard, commercial, taxicabs or vans.

Transportation costs vary across the state. In Erie County, reimbursements for Medicaid transport are established by the Medicaid Transportation Fee Schedule, established by the DOH. There are set reimbursement rates, plus an additional reimbursement per mile. Taxi/Livery rates vary from \$1.40 to \$11.95 with mileage claimed separately. An ambulette's basic rate can range from \$17.00 to \$79.00 per trip, depending on circumstances. An ambulance's basic rate ranges from \$86 to over \$200 per trip, depending on circumstances. Fixed wing and rotary wing (helicopter) transport rates are over \$4,000 per trip.

There are more than 50 providers of ambulance and/or ambulette and/or taxi/livery services in Erie County. Many providers offer more than one type of transportation.

## Erie County Medicaid Expenditures by Location, Age and Race

The number of persons on Medicaid in Erie County and the claims incurred on behalf of those persons dictate Medicaid costs. The New York State Medicaid database allows for the tracking of Medicaid clients based upon the zip code of the Medicaid patient. For the twelve zip codes with the largest number of Medicaid recipients, that data is provided in Table 7.

TABLE 7. Medicaid Clients by Year and Residing Zip Code.

Erie County Medicaid Clients by Year and Residing Zip Code						
Zip Code	2008	2010	2012	2014	2016	2017 <sup>A</sup>
14215	18,192	19,584	20,900	23,907	24,041	24,357
14213	11,215	13,668	12,276	14,779	16,925	16,545
14207	10,924	12,703	13,554	15,825	16,759	17,117
14211	11,711	12,800	13,717	15,771	16,159	16,739
14206	6,279	7,099	7,743	8,897	9,009	9,128
14201	5,885	6,461	6,122	7,001	7,564	7,263
14218	5,436	6,301	7,007	8,227	8,492	8,931
14210	5,502	6,137	6,409	7,239	7,415	7,367
14212	4,901	5,508	6,047	7,254	7,764	8,013
14225	5,267	6,074	6,868	8,502	8,501	8,920
14220	5,374	6,015	6,274	7,268	7,346	7,359
14150	5,238	6,014	6,641	8,259	8,378	8,441
Top Twelve Total	95,924	108,364	113,558	132,929	138,353	140,180
Overall Total	183,555	204,888	221,753	259,421	282,844	260,100
Percentage of the top twelve to the Overall Total	52%	53%	51%	51%	49%	54%

<sup>A</sup> 2017 data covers the period January 1, 2017 through June 30, 2017.

**Our 2016 Medicaid report showed that the number of Medicaid clients in 2015 was 286,145. 2016 Medicaid clients number 282,844. We believe that due to a combination of an improving economy and that most clients who are newly eligible and wish to enroll have done so, that the number of Medicaid clients has “plateaued” between 282,000 and 287,000 clients. We no longer believe that Medicaid clients will rise to one-third of Erie County’s population.**

Table Seven shows that in 2016, the top four zip codes contain about twenty-six percent (26%) of the County’s Medicaid population. Not surprisingly, these zip codes are concentrated in the City of Buffalo. The seventh-largest zip code is the City of Lackawanna, the tenth-largest is

Cheektowaga, and the twelfth-largest zip code is the City of Tonawanda and part of the Town of Tonawanda.

Erie County’s population on July 1, 2016 was 921,046.<sup>18</sup> There were 282,844 clients on Medicaid in Erie County in 2016. About 31% of all Erie County residents are covered by Medicaid.

Appendix B is a map of Medicaid recipients, broken out by zip code. Erie County’s Department of Environment and Planning, the Geographic Information Systems team, was key to the development of this map. We appreciate their assistance.

Medicaid clients by race and age are shown in Table 8.

TABLE 8. Medicaid Recipients by Age and Race

Unique Erie County Medicaid Recipients by Age and Race						
Race / Ethnicity / Age <sup>B</sup>	2008	2010	2012	2014	2016	2017 <sup>A</sup>
<b>Age (65 and Over)</b>						
White	18,552	18,553	17,881	17,689	16,732	14,597
Black/African American	5,759	5,372	5,041	4,838	4,497	4,077
Hispanic/Latino	1,487	1,395	1,375	1,370	1,331	1,256
Asian/Pacific Islander	560	741	850	977	1,036	963
American Indian/Alaska Native	143	142	150	151	133	127
Not Available/More Than One Race	1,010	912	861	918	882	752
<b>Age (21-64)</b>						
White	51,645	57,756	59,941	72,238	77,004	69,034
Black/African American	36,730	38,347	39,239	41,841	43,086	39,674
Hispanic/Latino	10,030	10,554	11,084	12,040	12,751	11,690
Asian/Pacific Islander	2,511	4,172	5,225	6,815	7,592	6,964
American Indian/Alaska Native	736	902	1,031	1,088	1,121	1,066
Not Available/More Than One Race	4,515	4,576	4,760	8,795	10,597	9,117
<b>Age (0-20)</b>						
White	19,577	24,133	29,382	35,547	39,975	37,095
Black/African American	18,890	22,522	26,443	30,396	34,183	32,902
Hispanic/Latino	6,087	7,508	9,208	10,860	12,307	11,740
Asian/Pacific Islander	1,332	2,465	3,665	5,214	6,798	6,738
American Indian/Alaska Native	387	504	640	762	886	822
Not Available/More Than One Race	3,604	4,334	4,977	7,882	11,933	11,486
<b>Totals</b>	<b>183,555</b>	<b>204,888</b>	<b>221,753</b>	<b>259,421</b>	<b>282,844</b>	<b>260,100</b>
<sup>A</sup> - 2017 data covers the period January 1, 2016 through June 30, 2017 and is not final.						
<sup>B</sup> - Medicaid clients self-identify for race and ethnicity.						

Since 2008, the race/ethnic group with the largest increase in Medicaid recipients is White. The age group with the largest increase is the 21-64 age group, just barely edging out the age group of 0-20.

<sup>18</sup> US Census [www.census.gov](http://www.census.gov)

**In 2017, more than 38% of all Medicaid clients are children. (Persons under the age of 21)  
In 2008, the percentage of children on Medicaid was 27%.**

**The largest increase in individuals, by race / ethnicity since 2010 has been seen by Whites.**  
A breakdown of Medicaid costs by client race, age and ethnicity is shown in Table 9.

TABLE 9. Medicaid Cost and Client Summary.

<b>2016 Medicaid Cost and Client Summary</b>			
Race / Ethnicity / Age <sup>B</sup>	Medicaid Clients <sup>A</sup>	Medicaid Cost <sup>A</sup>	Average Cost Per Client
White	133,711	\$ 1,066,499,074	\$ 7,976
Black/African American	81,766	498,744,660	6,100
Hispanic/Latino	26,389	147,587,045	5,593
Asian/Pacific Islander	15,426	65,303,321	4,233
American Indian/Alaska Native	2,140	12,701,235	5,935
Not Available/More Than One Race	23,412	98,693,655	4,216
Totals	282,844	\$ 1,889,528,990	\$ 6,680
65 and over	24,611	\$ 326,557,703	\$ 13,269
21 - 64	152,151	1,196,936,339	7,867
0 - 20	106,082	366,034,948	3,450
Totals	282,844	\$ 1,889,528,990	\$ 6,680
<sup>A</sup> - 2016 data is not final.			
<sup>B</sup> - Medicaid clients self-identify for race and ethnicity.			

Whites as a group account for the highest average cost per Medicaid Client. When age becomes a factor, the highest average cost per Medicaid client is for those persons 65 years of age and older.

In an attempt to understand why the average cost per client would differ by race, we developed a table for Medicaid clients age 21-64 and by race showing the five most common illnesses. We also included MARS<sup>19</sup> units of service, a standardized unit of service, to allow for a comparison between groups. This data is displayed in Table 11.

Table 11 raises more questions than it answers. The top five diagnoses are broadly comparable between groups. However, the units of service differ radically between groups, even for the

<sup>19</sup> MARS stands for “Management and Administrative Reporting Subsystem” and is a federally-mandated comprehensive reporting module of eMedNY, including data and reports as specified by Federal requirements.

same illness. Witness that Whites have an average MARS unit of service for Mental Illness of 125.17. Compare this to Blacks, with a MARS average of 72.14 and Hispanics with a MARS average of 45.89.

Table 10 describes the Primary Diagnosis class for selected categories.

International Statistical Classification of Diseases and Related Health Problems and Selected Descriptions <sup>A</sup>	
Disease Group	Description
SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	Unknown conditions, transient symptoms and not otherwise specified diseases
MENTAL DISORDERS ALL DSMIII C	Disorders of psychological development, also dementia and addiction
CIRCULATORY SYSTEM DISEASES	Diseases of the blood-producing and transporting organs
NATURE OF INJURY, ADVERSE EFFECTS AND POISONING	Injuries to the body, such as broken bones, poisoning and gunshot wounds
ENDOCRINE, NUTRITIONAL, METABOLIC	Diabetes and other metabolic disorders
SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH	When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.
GENITOURINARY SYSTEM DISEASES	Diseases that affect the male or female reproductive systems
INFECTIVE AND PARASITIC DISEASE	Diseases generally recognized as communicable or transmissible
NEOPLASMS	Various types of cancers
CONGENITAL ANOMALIES	Diseases that affect or result from chromosomal or genetic issues
<sup>A</sup> Data from the world Health Organization website. <a href="http://apps.who.int/classifications/icd10/browse/2010/en">http://apps.who.int/classifications/icd10/browse/2010/en</a>	

Table 12 shows differences between races for two selected zip codes. Zip code 14202 has the greatest difference in average MARS units of service per recipient between Blacks and Whites. Zip code 14227 is one of the few zip codes where Black average MARS units of service is greater than that of Whites. The illnesses shown are broadly comparable between groups.



Table 11. Primary Diagnosis Class by Age and Race.

Primary Diagnosis Class and Medicaid MARS Units of Service for Medicaid Clients Age 21-64 by Race - Calendar Year 2016 <sup>A</sup>		
Race	Primary Diagnosis Class	Medicaid Average MARS Units of Service per Recipient
White		135.42
White	DISEASES OF THE NERVOUS SYSTEM	163.60
White	MENTAL DISORDERS ALL DSMIII C	125.17
White	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	91.31
White	GENITOURINARY SYSTEM DISEASES	84.99
White	NEOPLASMS	51.03
More Than One Race		90.71
More Than One Race	CONGENITAL ANOMALIES	151.75
More Than One Race	MENTAL DISORDERS ALL DSMIII C	101.09
More Than One Race	DISEASES OF THE NERVOUS SYSTEM	73.81
More Than One Race	GENITOURINARY SYSTEM DISEASES	67.75
More Than One Race	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	63.20
Black		89.35
Black	CERTAIN CAUSES OF PERINATAL MORBIDITY	104.00
Black	MENTAL DISORDERS ALL DSMIII C	72.14
Black	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	67.07
Black	DISEASES OF THE NERVOUS SYSTEM	62.29
Black	GENITOURINARY SYSTEM DISEASES	46.20
American Indian		78.90
American Indian	MENTAL DISORDERS ALL DSMIII C	74.29
American Indian	GENITOURINARY SYSTEM DISEASES	68.36
American Indian	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	55.13
American Indian	DISEASES OF THE NERVOUS SYSTEM	39.99
American Indian	NEOPLASMS	20.00
Hispanic		75.25
Hispanic	DISEASES OF THE NERVOUS SYSTEM	81.10
Hispanic	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	56.21
Hispanic	MENTAL DISORDERS ALL DSMIII C	45.89
Hispanic	GENITOURINARY SYSTEM DISEASES	42.31
Hispanic	NEOPLASMS	11.14
Asian or Pacific Islander		26.00
Asian or Pacific Islander	MENTAL DISORDERS ALL DSMIII C	51.92
Asian or Pacific Islander	SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	20.40
Asian or Pacific Islander	NEOPLASMS	16.64
Asian or Pacific Islander	DISEASES OF THE NERVOUS SYSTEM	14.45
Asian or Pacific Islander	GENITOURINARY SYSTEM DISEASES	11.66
	Age 21-64 Overall	106.68

<sup>A</sup> - 2016 data is not final. Medicaid clients self-identify for race and ethnicity.

Table 12. The Top Five Most Common Diagnoses for Zip Codes 14202 and 14227

	14202	14227
	Primary Diagnosis Class	
White	Mental Disorders - All DSM	Mental Disorders - All DSM
	Signs, Symptoms and Ill Defined Conditions	Congenital Anomalies
	Diseases of the Nervous System	Diseases of the Nervous System
	Neoplasms	Signs, Symptoms and Ill Defined Conditions
	Circulatory System Diseases	Certain Causes of Perinatal Morbidity
Black	Mental Disorders - All DSM	Certain Causes of Perinatal Morbidity
	Signs, Symptoms and Ill Defined Conditions	Mental Disorders - All DSM
	Genitourinary System Diseases	Congenital Anomalies
	Diseases of the Nervous System	Signs, Symptoms and Ill Defined Conditions
	Circulatory System Diseases	Diseases of the Nervous System

As of the date the draft of this report was completed, we are still struggling to determine why these differences in usage occur, even amongst clients from the same zip code. In order to complete this report on schedule, we will continue our analysis in our next report.

We speculate that the differences in usage may relate to differences in access to transportation. Whites may have improved access to transportation, and as a result, may be able to see a medical professional earlier in the onset of an illness. The MDW may allow us to track certain illnesses by severity, and we will continue to investigate this possibility.

Other organizations, including our colleagues at OMIG and here from Erie County Social Services, have offered up other ideas to explain the differences. One suggestion is that although all clients are on Medicaid, differences in resources (income) exist and may be significant. Whites may be more able to spend money on indirect medical-related expenses, such as driving to the doctor or taking time off work to see the doctor. As we look at Medicaid clients and income for our next report, we will test this theory.

A theory has been proposed that certain ethnic groups have a cultural resistance to formal health care, or certain types of health care, such as mental health care. This is a difficult theory to test, given the data that we have.

## PRESCRIPTIONS IN ERIE COUNTY PAID THROUGH MEDICAID

The MIG Team can analyze prescriptions paid through Medicaid by the type of drug, prescribing medical professional, Medicaid patient, number of refills and other criteria. The MIG Team uses this data to determine the most commonly filled prescriptions.

TABLE 13. Most commonly filled prescriptions\*

The Medicaid Drugs in Erie County with the Most Filled Prescriptions are:				
	2014	2015	2016	2017 <sup>A</sup>
1	Hydrocodone-Acetaminophen	Hydrocodone-Acetaminophen	Ibuprofen	Ibuprofen
2	Ibuprofen	Ibuprofen	Omeprazole	Atorvastatin Calcium
3	Omeprazole	Omeprazole	Hydrocodone-Acetaminophen	Omeprazole
4	Lisinopril	Lisinopril	Atorvastatin Calcium	Lisinopril
5	Metformin HCL	Atorvastatin Calcium	Lisinopril	Hydrocodone-Acetaminophen
6	Ventolin HFA	Ventolin HFA	Metformin HCL	Metformin HCL
7	Atorvastatin Calcium	Metformin HCL	Ventolin HFA	Ventolin HFA
8	Amlodipine Besylate	Amlodipine Besylate	Amlodipine Besylate	Amlodipine Besylate
9	Levothyroxine Sodium	Levothyroxine Sodium	Levothyroxine Sodium	Gabapentin
10	Aspirin	Gabapentin	Gabapentin	Levothyroxine Sodium
11	Amoxicillin	Aspirin	Amoxicillin	Amoxicillin
12	Gabapentin	Amoxicillin	Aspirin	Vitamin D
All Prescriptions Filled	2,644,861	2,998,951	3,139,873	1,305,355
Just Above Scripts Filled	544,758	637,545	665,978	274,451
Percent of Total	20.60%	21.26%	21.21%	21.03%

<sup>A</sup> The 2017 data includes all prescriptions filed between January 1, 2017 and July 1, 2017. The 2017 data is not final.

\*generic drug names

Since early 2015, Hydrocodone has fallen from its prominent perch as the number one proscribed Medicaid drug in Erie County. Considering how abused this particular medication can be, such a drop is significant.

Hydrocodone–Acetaminophen is a controlled substance. It was also the most prescribed Medicaid drug in Erie County from 2008 through 2014. Hydrocodone-Acetaminophen, also known as Vicodin or Lortab, is one of the most abused prescription drugs in the U.S.

As we have watched with some satisfaction the fall of Hydrocodone–Acetaminophen as recorded on Table 13, we have been alarmed at the increase of the number of prescriptions for Gabapentin. Gabapentin is approved by the Food and Drug Administration to treat epilepsy and pain related to nerve damage, called neuropathy. Also known by its brand name, Neurontin, the drug acts as a sedative. It is widely considered non-addictive and touted by the federal Centers for Disease Control and Prevention as an alternative intervention to opiates for chronic pain.

Generally, doctors prescribe no more than 1,800 to 2,400 milligrams of gabapentin per day, according to information on the Mayo Clinic’s website.

Gabapentin does not carry the same risk of lethal overdoses as opioids, but drug experts say the effects of using gabapentin for long periods of time or in very high quantities, particularly among sensitive populations like pregnant women, are not well-known.

As providers dole out the drug in mass quantities for conditions such as restless legs syndrome and alcoholism, it is being subverted to a drug of abuse. Gabapentin can enhance the euphoria caused by an opioid and stave off drug withdrawals. In addition, it can bypass the blocking effects of medications used for addiction treatment, enabling patients to get high while in recovery.<sup>20</sup>

As per our discussions with you throughout early 2017, we will continue to monitor Gabapentin prescriptions.

The pharmaceutical drugs shown in Table 13 and their commonly prescribed purpose are reported in Table 14 below:

TABLE 14. Indications for commonly prescribed medications.

Drug Name	Commonly prescribed for:
Amlodipine Besylate	High blood pressure treatment
Amoxicillin	Infection treatment (Antibiotic)
Aspirin	Over the counter pain reliever
Atorvastatin Calcium	Elevated cholesterol treatment
Clonazepam	Epilepsy treatment and treatment for bipolar disease and panic attacks
Gabapentin	Anti-epileptic medication and treatment for some kinds of nerve pain
Hydrochlorothiazide	Treatment for high blood pressure, also osteoporosis and is a diuretic
Hydrocodone-Acetaminophen	Treatment for moderate to severe pain
Ibuprofen	Over the counter pain reliever
Levothyroxine Sodium	Treatment for thyroid deficiency
Lisinopril	High blood pressure treatment
Loratadine	Treatment for allergies
Metformin HCL	Treatment for type two diabetes or pre-diabetics
Omeprazole	Treatment for acid reflux
Ventolin HFA	Treatment for asthma or allergies

<sup>20</sup> Kaiser Health News “New On The Streets: Drug For Nerve Pain Boosts High For Opioid Abusers” - July 6, 2017.

## ILLNESS AND ERIE COUNTY MEDICAID RECIPIENTS

The MDW contains data not only on Medicaid costs, but also contains data on the health conditions treated. The Diagnosis Class of the health conditions treated for Erie County Medicaid clients for the years 2015 and 2016 and the Medicaid funds spent to treat those conditions are shown in Table 15.

TABLE 15. Medicaid Costs by Diagnosis Class

Erie County Medicaid Costs by Diagnosis Class		
Diagnoses Class	2015	2016
SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	\$ 1,185,804,804	\$ 1,152,242,930
MENTAL DISORDERS ALL DSMIII C	250,224,042	379,974,073
CIRCULATORY SYSTEM DISEASES	70,517,044	76,205,770
DISEASES OF THE NERVOUS SYSTEM	46,395,434	64,305,132
NATURE OF INJURY, ADVERSE EFFECTS AND POISONING	32,365,472	21,619,519
DISEASES OF THE RESPIRATORY SYSTEM	22,096,213	20,938,196
ENDOCRINE, NUTRITIONAL, METABOLIC	21,582,945	20,154,273
DISEASES OF THE MUSCULOSKELETAL SYSTEM	21,892,922	19,772,649
INFECTIVE AND PARASITIC DISEASE	13,557,819	15,837,526
DIGESTIVE SYSTEM DISEASES	15,207,857	13,566,380
SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH	20,758,538	12,613,425
LIVEBORN INFANTS ACCORDING TO TYPE OF BIRTH	11,680,920	11,632,493
GENITOURINARY SYSTEM DISEASES	12,107,143	9,833,202
NEOPLASMS	8,381,937	7,706,877
REASON FOR SPECIAL ADMISSIONS AND EXAMS	8,232,441	6,914,884
DELIVERY AND COMPLICATIONS OF PREGNANCY	7,439,938	6,270,358
NOT AVAILABLE	644,656	6,032,137
DISEASES OF BLOOD & BLOOD FORM	5,952,751	6,023,952
CONGENITAL ANOMALIES	5,496,010	5,172,136
DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE	5,436,171	4,250,774
DISEASES OF THE EYE AND ADNEXA	456,489	1,926,052
CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORALITY	4,209,150	1,857,036
DISEASES OF THE EAR AND MASTOID PROCESS	249,585	1,121,774
EXTERNAL CAUSE OF INJURY	162,588	194,317
Totals	\$ 1,770,852,869	\$ 1,866,165,867

The “Not Available” category reflects 2015 and 2016 payments that are not yet final.

As the figures in Table 15 do not include certain expenses, such as Durable Medical Goods items such as wheelchairs, canes and eyeglasses, the totals for Table 15 will always be less than the total Medicaid Costs shown in Table 3.

“Signs, Symptoms and Ill-Defined Conditions” is a difficult category to analyze. Medical professionals use this category to; for example, record an illness that goes away on its own, or

for services before a diagnosis is determined, or for patients who may suffer from more than one malady.

The second largest category, “Mental Disorders”, was discussed in our 2014 report. Our 2015 report discussed “Endocrine, Nutritional and Metabolic Conditions”.

Some categories with a general description of each are presented in Table 16.

TABLE 16. General description of selected Diagnosis Classes

International Statistical Classification of Diseases and Related Health Problems and Selected Descriptions <sup>A</sup>	
Disease Group	Description
SIGNS, SYMPTOMS, AND ILL-DEFINED CONDITIONS	Unknown conditions, transient symptoms and not otherwise specified diseases
MENTAL DISORDERS ALL DSMIII C	Disorders of psychological development, also dementia and addiction
CIRCULATORY SYSTEM DISEASES	Diseases of the blood-producing and transporting organs
NATURE OF INJURY, ADVERSE EFFECTS AND POISONING	Injuries to the body, such as broken bones, poisoning and gunshot wounds
ENDOCRINE, NUTRITIONAL, METABOLIC	Diabetes and other metabolic disorders
SUPPLE CLASS/DESC OF PATIENT STATUS AND OTHER HLTH	When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury.
GENITOURINARY SYSTEM DISEASES	Diseases that affect the male or female reproductive systems
INFECTIVE AND PARASITIC DISEASE	Diseases generally recognized as communicable or transmissible
NEOPLASMS	Various types of cancers
CONGENITAL ANOMALIES	Diseases that affect or result from chromosomal or genetic issues

<sup>A</sup> Data from the world Health Organization website. <http://apps.who.int/classifications/icd10/browse/2010/en>

Since 2008, the category with the largest dollar growth has been Mental Disorders.

## MEDICAID CLIENTS AND INCOME IN ERIE COUNTY

In our 2014 report, we examined Medicaid and employment in Erie County. At the time, we were only able to determine how many persons were in receipt of income. Our 2014 data showed that more than 70% of those on Medicaid had some form of outside income.

Medicaid is a means tested program, which is to say that acceptance into the Medicaid program is heavily based upon an individual's monthly income. The application for Medicaid demands monthly financial information from the Medicaid client. This financial data is not stored within the portion of the MDW accessible to the MIG Team.

To get access to the financial data requires then that several databases be linked together. There were concerns within the County and the State about how the newly developed data would be used and its confidentiality. These issues paled when compared to the technical difficulties of linking several large databases, all constantly updating, all of which had different structures. The MIG Team acknowledges the assistance and cooperation of OMIG, the Erie County Department of Social Services and Erie County's Department of Social Services I.D.E.A. Team, all of whom cooperated to make this data available.

To obtain the necessary data, we ran 43 separate reports covering 56 income types. Those income types are listed in Appendix C.

On July 1, 2017, there were 260,100 persons on Medicaid in Erie County. We have financial data for 211,916 of those clients, or 81% of the persons on Medicaid. For clarity, the 211,916 Medicaid clients for which we have income data will be referred to as the Medicaid Income Dataset, to differentiate them from the totality of Medicaid clients.

In our 2014 study of Medicaid and income, we removed clients under the age of 18 and clients over the age of 64 from our analysis. We have not done so in this study, as our data revealed that 7,214 clients under the age of 18 had income and 11,453 clients over the age of 64 had income as well. There were 1,304 clients with an age we could not determine in the Medicaid Income dataset. These persons are included in the analysis.

Our 2014 study looked at 121,077 Medicaid clients.

The 211,916 persons in the Medicaid Income Dataset are represented by 147,845 active Medicaid cases. Medicaid cases are groups of Medicaid clients, most often families. We now have financial data by both case and by individual.

Of the 147,845 Medicaid cases in the Medicaid Income Dataset, 68,721 cases have income, while 79,124 have no recorded income. This means 46% of Medicaid cases have income.

The average income of all Medicaid cases, including those cases with an income of zero, is \$6,452.10 annually. Not including all cases with a zero income, the average income is \$13,855.65.

For comparison, the Federal Poverty Level for a family of four in 2017 is \$24,600 annually. New York State has a minimum wage of \$9.70 per hour as of January 1, 2017. Working 40 hour weeks, for 50 weeks a year, one person would make \$19,400 annually.

The total income earned by the Medicaid Income Dataset for the period June 30, 2016 through July 1, 2017 was \$953,916,566.80. The maximum income for any one Medicaid client in the Medicaid Income Dataset was slightly over \$60,000.00. One client in the Medicaid Income Dataset had five different sources of income, providing an annual income of about \$25,000 annually. 10,680 clients in the Medicaid Income Dataset had income over \$19,400, most likely indicating they were working for more than the New York State Minimum Wage. This represents slightly more than 5% of the persons in our study.

Table 17. Top Categories for the Medicaid Income Dataset

Medicaid Income Dataset - Top Eleven Income Categories as of July 1, 2017			
Income Category	Annual Income	Number of Clients *	Number of Cases **
Salaries	\$ 287,046,638.52	20,510	19,132
SSI Benefit	212,473,779.24	30,395	30,374
Social Security Disability Benefit	170,546,068.08	17,912	17,773
Social Security Retirement Benefit	63,763,000.08	5,831	5,674
Other	34,494,309.84	5,466	5,464
Social Security Survivor's Benefit	16,960,624.80	2,029	1,855
Child Support Payments	16,726,783.08	5,626	4,998
Unemployment Insurance Benefit Compensation	16,494,287.64	1,648	1,635
Lump Sum Payments (PA only)	12,949,815.12	33	33
Net Business Income/Income from Self-Employment	9,324,041.40	1,518	1,498
Social Security Benefit - Dependent	8,309,311.80	2,368	1,861
Total	\$ 849,088,659.60	70,894	66,088
* Clients can have more than one income			
**Cases can have more than one client with income, the client can also have more than one income.			

The most common source of income for Medicaid clients in the Medicaid Income Dataset is Supplemental Security Income (“SSI”). SSI makes monthly payments to individuals who are low income and are blind, disabled or age 65 and older.<sup>21</sup> More than 30,000 Erie County Medicaid clients receive SSI payments.

Social Security Disability benefits are paid by the Social Security Administration to persons who medically qualify. Individuals can receive benefits if they or certain members of their family worked long enough and paid Social Security taxes. Social Security Retirement benefits are for those persons age 62 and older and who paid social security taxes.

More detail on these Social Security programs, including instructions on who may qualify and how to apply can be found at [WWW.SSA.gov](http://WWW.SSA.gov).

<sup>21</sup> The Social Security Administration. [WWW.SSA.gov](http://WWW.SSA.gov)



## CONCLUSION

- ✓ Erie County Medicaid's population appears to have stabilized between 282,000 and 287,000 clients. We no longer predict that more than a third of Erie County residents will be on Medicaid by the year 2021.
- ✓ About 31% of Erie County residents' health insurance is now being provided by Medicaid.
- ✓ Hydrocodone–Acetaminophen has fallen from the number one prescribed Medicaid medication in Erie County to number five. This is a positive sign in the fight against opioid abuse, but Hydrocodone–Acetaminophen still remains one of the most abused drugs in the United States.
- ✓ Gabapentin, also known as Neurontin, is a drug that is used to treat pain related to nerve damage. It is also a candidate for abuse by those who formerly abused opioids. Gabapentin usage is on the rise in Erie County.
- ✓ The most common source of income for Medicaid clients for which we have an income source is Supplemental Security Income. These are individuals who are low income and are blind, disabled or age 65 and older. More than 30,000 Erie County Medicaid clients receive SSI payments.
- ✓ More than 17,000 Medicaid clients in Erie County receive Social Security Disability payments. When you add to that number the persons on SSI and other retirement and long-term disability benefits, more than 19% of the persons on Medicaid in Erie County are disabled or retired.
- ✓ In 2016, there are more Whites on Medicaid in Erie County than Blacks/African-Americans, Hispanics/Latinos and Asians/Pacific Islanders combined.
- ✓ More than 38% of all the persons on Medicaid in Erie County are children. (Persons under the age of 21).

Erie County gratefully acknowledges the cooperation and assistance of OMIG and Erie County looks forward to working on additional projects with OMIG.