

Chapter 5: Medicaid Clients

Medicaid covers diverse client groups. The Medicaid caseload is always changing because of economic and other factors discussed in this chapter.

Who Is Covered in Texas

Medicaid clients include individuals who are eligible for full coverage of acute care services, prescription drugs, and long-term services and supports, depending on need. Medicaid clients also include individuals eligible for time-limited or specific services, such as emergency services only. The three primary categories of Medicaid clients eligible for full benefits are:

- Low-income families, pregnant women, and children-based on income level, age, caring for a related Medicaid eligible dependent child or pregnancy.
- Cash assistance recipients-based on receipt of Supplemental Security Income (SSI).
- People age 65 and older and those with disabilities-based on income level, age, and physical, intellectual, or mental disability.

Medicaid clients eligible for limited benefits include:

- Medicare beneficiaries - Based on income level and age, certain Medicare beneficiaries qualify for partial Medicaid benefits, and
- Non-citizens-legal permanent residents and undocumented persons who are not eligible for Medicaid based on citizenship status may receive emergency services.ⁱ

Cash Assistance Recipients

SSI is the federal cash assistance program for low-income people age 65 and older and those with disabilities. The federal Social Security Administration sets income eligibility caps, asset limits and benefit rates, and determines eligibility. The 2014 monthly income limit for an individual on SSI is \$721 per month with an asset limit of \$2,000. In Texas, all people eligible for SSI are also eligible for Medicaid. States may supplement SSI payments with state funds, and most states choose to do so. Texas does not do so, but does allow for a slightly higher personal needs allowance for SSI clients in long-term

ⁱ Individuals receive full Medicaid benefits, but for only the emergent period of time.

care facilities. The personal needs allowance is a portion of their SSI check plus a state supplement that they may keep for personal use.

Families and Children

Families and children comprise the majority of clients receiving full Medicaid benefits on a monthly basis. Children who do not have a disability total 72 percent of Texas Medicaid full-benefit clients, and averaged 2.6 million clients per month in state fiscal year (SFY) 2013.

A household that consists of an adult(s) who cares for and resides with a related Medicaid eligible dependent is eligible for Medicaid if the household income is at or below the program income limit, which is based on the Temporary Assistance for Needy Families (TANF) limits. Children in families with income above the income limit are eligible based on age and family income. Newborns (under 12 months) born to mothers who are Medicaid certified at the time of the child's birth are automatically eligible for Medicaid and remain eligible until their first birthday as long as the child resides in Texas.

Former Foster Youth

The majority of children in foster care are categorically eligible for Medicaid until age 18. If a youth's adoptive parents initially enter into an adoption assistance agreement with DFPS when the youth is 16 or 17-years-old, then the youth may be eligible to receive Medicaid until age 21 if they meet certain educational or work requirements.

Effective January 1, 2014, under the Affordable Care Act (ACA), a new Medicaid category is available for former foster care youth. Children who aged out of the foster care system at age 18 or older and who were receiving Medicaid when they aged out of foster care may continue to be Medicaid eligible up to the month of their 26th birthday. Individuals who received Medicaid for Transitioning Foster Care Youth (MTFCY) and Former Foster Care in Higher Education as of December 2013 and meet the eligibility criteria automatically transitioned to the new Former Foster Care Children program January 1, 2014.¹

Former foster youth who were not receiving Medicaid when they aged out of foster care may be eligible for MTFCY up to the month of their 21st birthday if they have no other medical coverage and meet the income limits.

Children who are adopted from the foster care system may also be Medicaid eligible, depending on the needs of the child, until age 18.

Medically Needy Spend Down

Children under age 19 and pregnant women with medical bills and income over the appropriate Medicaid income limit may qualify for the Medically Needy with Spend Down program. Spend Down is the difference between an applicant's household income and the Medicaid income limit. For FY 2014, the income limit was \$275 per month for a family of three and the assets limit was \$2,000. Assets are not considered when determining eligibility for the Medically Needy with Spend Down program for pregnant women. Applicants must have unpaid medical bills that exceed the Spend Down amount to receive benefits under the Medically Needy with Spend Down program. Medicaid then pays for those unpaid medical expenses and any Medicaid services provided after the individual is determined to be medically needy. However, applicants are not required to pay outstanding medical bills to qualify for the Medically Needy with Spend Down program.

Medicaid for Breast and Cervical Cancer

Medicaid for Breast and Cervical Cancer (MBCC) was authorized by S.B. 532, 77th Legislature, Regular Session, 2001, and was implemented in December 2002. In SFY 2013, the monthly average number of clients enrolled in MBCC was 4,273. MBCC provides Medicaid to eligible women who are screened under the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program and are found to have breast or cervical cancer, including pre-cancerous conditions.

The Department of State Health Services receives these CDC funds and awards these funds to providers across the state to perform breast and cervical cancer screenings and diagnostic services under the Breast and Cervical Cancer Services program.

After a woman has received an eligible breast or cervical cancer diagnosis from a provider, she must go to a Breast and Cervical Cancer Services provider who will screen her for program eligibility. HHSC makes the final eligibility determination after the provider submits the application and supporting materials to the state. Application for the program cannot be made through an HHSC benefits office.

To be eligible for MBCC, a woman must be at or below 200 percent of the federal poverty level (FPL) and:

- Diagnosed and in need of treatment for a biopsy-confirmed breast or cervical cancer, a metastatic or recurrent breast or cervical cancer, or certain pre-cancer conditions;
- Uninsured and not otherwise eligible for Medicaid;
- Age 18 through 64;

- A Texas resident; and
- A U.S. citizen or qualified immigrant.

A woman eligible for MBCC receives full Medicaid benefits beginning the day after she received a qualifying diagnosis and for the duration of her cancer treatment. Services are not limited to the treatment of breast and cervical cancer.

A woman can continue to receive full Medicaid benefits as long as she meets the eligibility criteria at her coverage renewal period and provides proof from her treating physician that she is receiving active treatment for breast or cervical cancer. Active treatment may include traditional treatments such as chemotherapy and radiation, as well as active disease surveillance for clients with triple negative receptor breast cancer, and hormonal treatment.

People Age 65 and Older and those with Disabilities

People age 65 and older and those with disabilities that do not receive SSI may qualify for Medicaid long-term services and supports through a facility, such as a nursing facility or an Intermediate Care Facility for Individuals with an Intellectual Disability or Related Conditions (ICF/IID) or through community programs while living at home.

Dual Eligibles

Dual eligibles are individuals who qualify for both Medicare and Medicaid benefits. Medicare is a federally-paid and administered health insurance program. Medicare covers inpatient hospital services (Part A), physician and related health services (Part B), Medicare managed care (Part C), and prescription drugs (Part D). For dual eligibles, Medicaid pays for all or a portion of Medicare Part A and B premiums, co-insurance, and deductibles. (See Chapter 1, Texas Medicaid in Perspective, Medicare.)

Full Dual Eligibles

Full dual eligibles are Medicare beneficiaries who are eligible for full Medicaid benefits. Medicaid pays the premiums, deductibles, and co-insurance for Medicare services and may cover other Medicaid services not covered by Medicare, such as long-term services and supports. As a result of the Medicare Prescription Drug Improvement and Modernization Act of 2003, Medicare assumed responsibility for most prescription drug coverage for dual eligibles in 2006. As of August 2014, there were 373,835 full dual eligible clients in Texas.²

Partial Dual Eligibles

Medicaid also provides limited assistance to certain Medicare beneficiaries, known as “partial dual eligibles,” who do not qualify for full Medicaid benefits. As of August 2014, there were 260,215 partial dual eligibles in Texas.³

Medicare Savings Programs

There are several types of programs for partial dual eligibles who meet established income and resource criteria, which are described below. Beneficiaries in these programs receive assistance with all or a portion of Medicare premiums, deductibles, and co-insurance payments through the Texas Medicaid program. Also, anyone who qualifies for these programs does not have to pay Medicare Part D premiums or deductibles.

Texas covers a different mix of Medicare cost-sharing assistance depending on income, resources, and other restrictions. Resource limits for 2014 are \$7,160 per individual and \$10,750 per couple, for all categories.

Qualified Medicare Beneficiaries (QMB): Income no greater than 100 percent of the federal poverty level (FPL). Medicaid pays all Medicare Part A and B premiums, co-insurance and deductible amounts for services covered under both Medicare Parts A and B.

Specified Low-Income Medicare Beneficiaries (SLMB): Income between 100 and 120 percent of FPL. Medicaid pays only Medicare Part B premiums.

Qualified Individuals (QI): Income between 120 and 135 percent of FPL. Medicaid pays only Medicare Part B premiums. This program is a limited expansion of SLMB that is funded differently from SLMB or QMB. Due to the different funding, federal regulation requires Medicaid only pay the Medicare Part B premiums. If the individual chooses to receive QI benefits, their decision disqualifies the individual for all other Medicaid programs.

Qualified Disabled and Working Individuals (QDWI): This cost-sharing program is for people with disabilities who work and lose social security benefits and premium-free Medicare Part A. Income is no greater than 200 percent of the FPL. Resources are \$4,000 for an individual and \$6,000 for a couple. Medicaid only pays the Medicare Part A premium. If the individual chooses to receive QDWI benefits, their decision disqualifies the individual for all other Medicaid programs.

Buy-In Programs

Medicaid Buy-In Program for Workers with Disabilities

The Medicaid Buy-In (MBI) Program for Workers with Disabilities enables people with disabilities to “buy-in” to Medicaid. Individuals with income less than 250 percent of the FPL and \$2,000 in resources may qualify for the program and pay a monthly premium in order to receive Medicaid benefits. Texas implemented the MBI program in September 2006.

Medicaid Buy-In for Children

The Medicaid Buy-In for Children (MBIC) program allows children up to age 19 with disabilities to “buy-in” to Medicaid. Children with family income up to 300 percent of the FPL may qualify for the program and pay a monthly premium in order to receive Medicaid benefits. Texas implemented the MBIC program in January 2011.

Income Disregards

In certain situations, some portion of a person’s income and resources may be “disregarded” when calculating eligibility for Medicaid programs not subject to the MAGI methodology. A portion of a family’s income and resources may be disregarded due to work expenses, cost of living increases, or when a child (under age 18) becomes a full-time resident of a nursing facility or an ICF/IID. In some cases, including for some people with Medicaid home and community-based waiver programs, all of the parents’ or spouse’s income and resources are disregarded, and only the person’s own income and resources are counted in deciding Medicaid eligibility.

Persons applying for Medicaid programs subject to the MAGI methodology, including most programs for children, pregnant women, and parents and caretaker relatives, receive a standard income disregard equivalent to five percentage points of FPL (in 2014, \$82.50 for a family of 3). **Table 5.1** shows the income disregards for Medicaid programs in Texas.

Table 5.1: Income Disregards for Texas Medicaid Programs, 2014ⁱⁱ

Persons applying for Medicaid programs subject to the MAGI methodology, including most programs for children, pregnant women, and parents and caretaker relatives, receive a standard income disregard equivalent to five percentage points of FPL (in 2014, \$82.50 for a family of 3).

Persons applying for programs not subject to the MAGI methodology, including programs for people age 65 and older, those with disabilities, and SSI recipients may receive one or more of the following income disregards:

- \$20 disregard—The first \$20 of any kind of income is excluded.
- Earned Income—The first \$65 of earned income plus half of the remainder of earned income is disregarded.
- Certain increases in Social Security benefits for persons denied SSI.
- Veteran’s Administration Aid and Attendance Allowances and Housebound Allowances.

ⁱⁱ In addition to these income disregards, certain income is exempt for purposes of determining Medicaid income eligibility. Income exemptions include child support, grants, scholarships, and SSI.

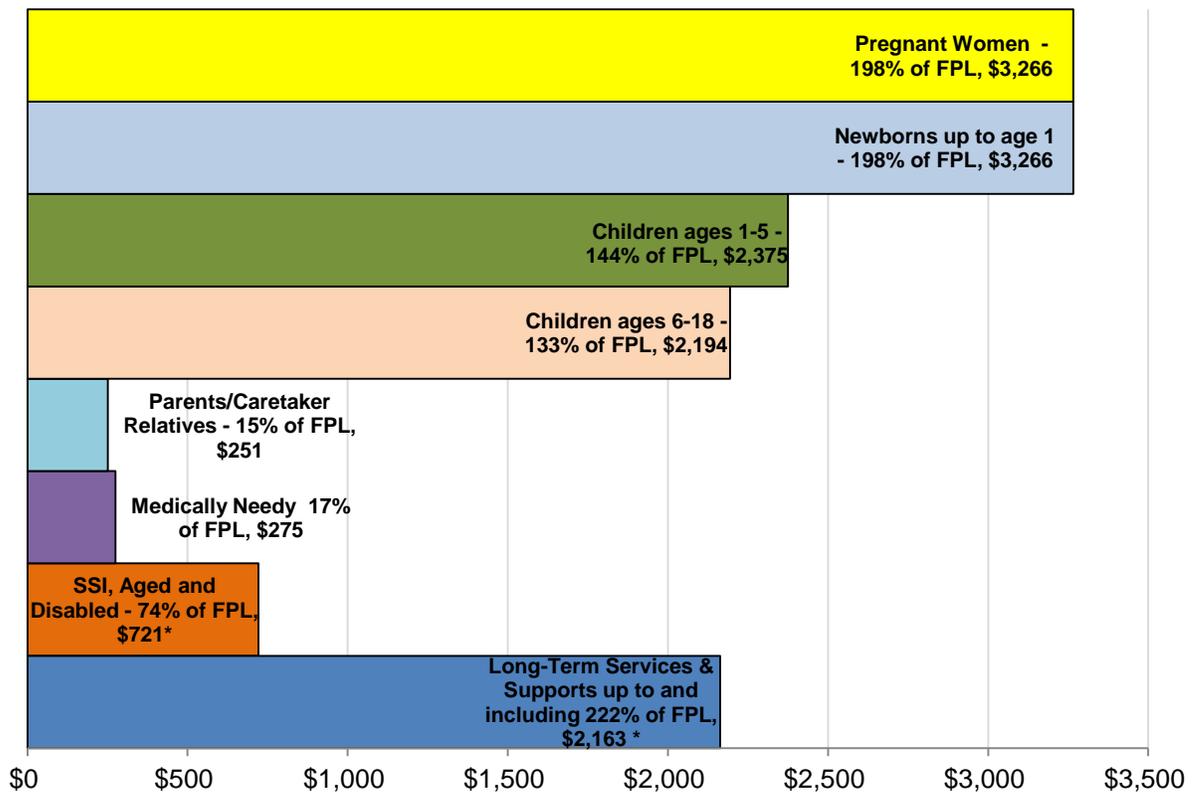
Table 5.2: Texas Medicaid Caseload by Eligibility Category SFY 2013

General Category for Full Medicaid Beneficiaries n=3,658,537	Eligible Category	FPL % or Income Limit	Percent of Medicaid Population
Families and Children (Non-Disability-Related)	Children less than 1	Up to 185%	7%
	Children 1-5	Up to 133%	25%
	Children 6-18	Up to 100%	39%
	Pregnant Women	Up to 185%	4%
	TANF Income Level Parents*	Up to \$188/month**	3%
	Medically Needy with Spend Down	Up to \$275/month**	Less than 1%
Medicaid Breast and Cervical Cancer Program	Women with an eligible breast or cervical cancer diagnosis receive full Medicaid benefits during treatment.	Up to 200%	Less than 1%
Aged, Medicare, and Disability- Related (Including SSI Cash Assistance)	SSI (Disability-Related) - Adult	No more than \$710/month**	7%
	SSI (Disability-Related) - Under 21	No more than \$710/month**	5%
	Aged and Medicare Related	No more than \$710/month**	10%
General Category for Non-Full Medicaid Beneficiaries, n = 355,482	Eligible Category	FPL % or Income Limit	Percent of Medicaid Population
Medicare-Related	Qualified Medicare Beneficiaries (QMB), Specified Low-Income Medicare Beneficiaries (SLMB), and Qualified Individuals (QI)	Varies by program	65%
Emergency Care Only	Certain qualified immigrants and undocumented immigrants receive Medicaid for the expenses incurred for the actual days spent in the hospital based on an emergent condition.	Varies by age (based on risk categories above)	3%
Women's Health Program	Non-Pregnant Women ages 18 - 44	Up to 185%	32%

*As of January 1, 2014, this program is referred to as Parents and Caretaker Relatives Medicaid.

**This percentage reflects the income limits for SFY 2013. As of January 1, 2014, federal rules required income limits for this program to be changed to a MAGI-converted amount.

Figure 5.1: Medicaid Eligibility in Texas, Maximum Monthly, March 2014



* Family of one adult.

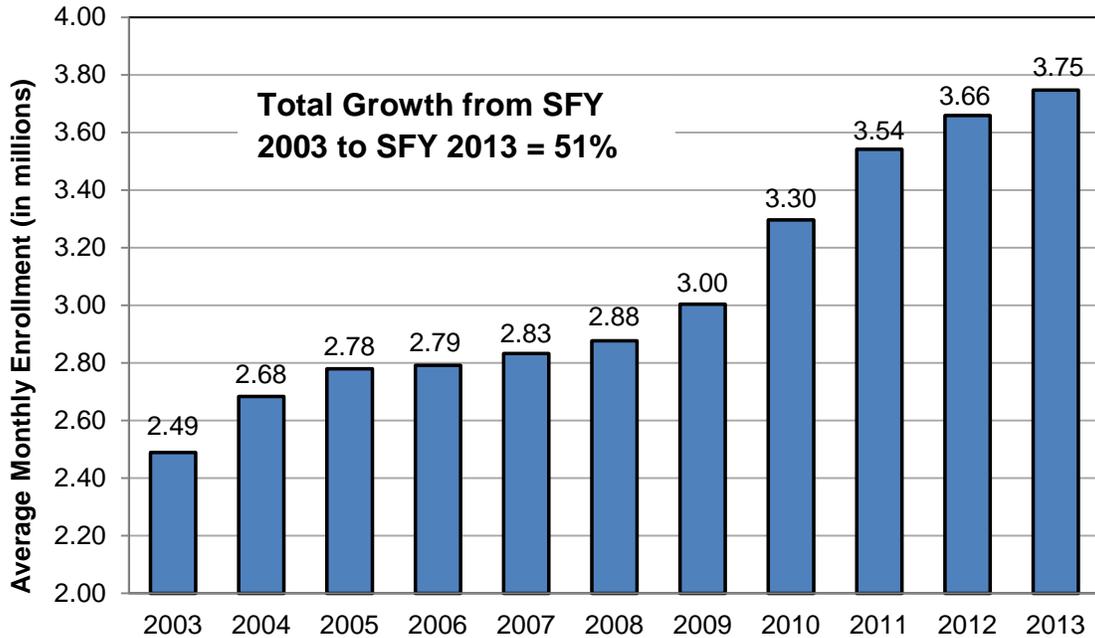
Note 1: "Countable Income" is gross income adjusted for allowable deductions, expenses, and disregards.

Note 2: SSI does not certify families, regardless of size; it certifies individuals and couples.

Size of the Medicaid Population

The number of Texas Medicaid recipients can be expressed in two ways: monthly average count and annual unduplicated count. The monthly average count is the average number of clients on Medicaid per month. This number best answers the question: "At any one time, how many individuals are enrolled in Medicaid?" The unduplicated count is the total number of individual Texans who received Medicaid-funded services over a period of time. People may gain and lose Medicaid eligibility at various points during a year. For example, eligibility status can change due to parent or caretaker income changes, a child reaching adulthood, or after childbirth. Since all clients may not remain eligible for all months of a year, the monthly average count is lower than the unduplicated count.

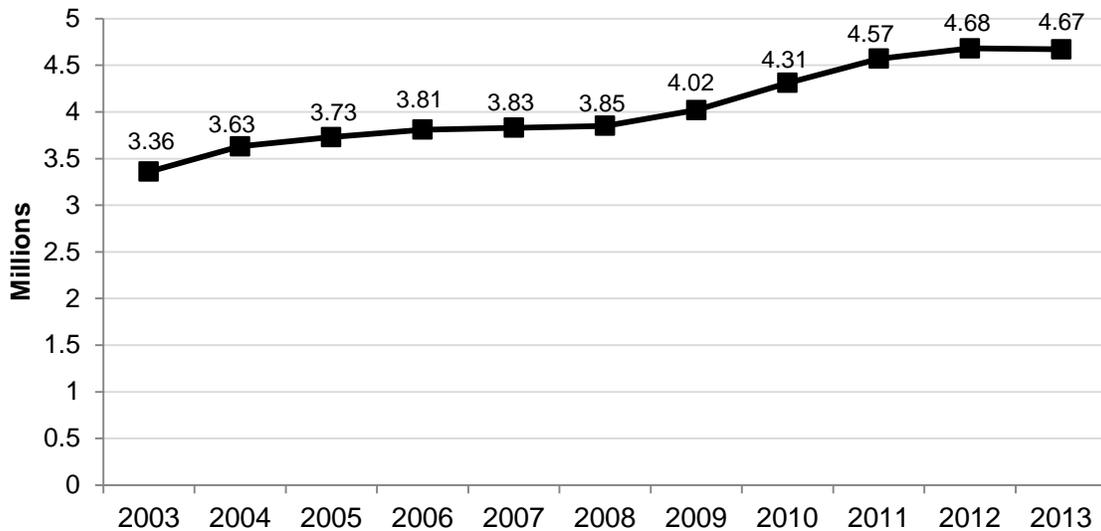
Figure 5.2: Average Monthly Medicaid Enrollment SFYs 2003-2013



Source: HHSC, Financial Services, HHS System Forecasting.

Note: Average monthly Medicaid clients include the average number of clients in each month of the SFY. The average monthly clients will always be a smaller number than the unduplicated clients, as clients come and go from the system.

Figure 5.3: Unduplicated Number of Texas Medicaid Recipients SFYs 2003-2013



Source: HHSC, Financial Services, HHS System Forecasting.

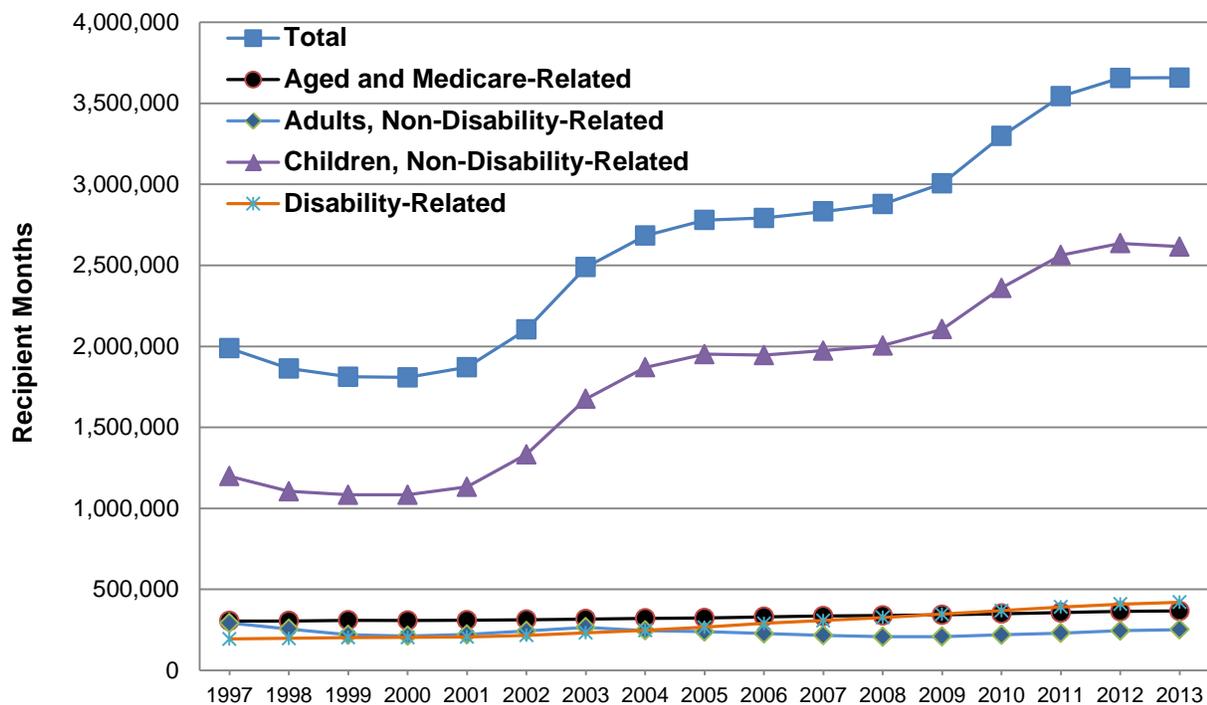
Note: Unduplicated clients include all clients who receive full Medicaid benefits at any point during the year.

Changing Caseloads

Economic factors, the availability of other types of insurance and federal changes to Medicaid law and regulations affect the state’s Medicaid program. Because these factors are always changing, the number of people on Medicaid (called the caseload) is always changing.

Figure 5.4 shows changes in the Texas Medicaid caseload from 1997 to 2013.

Figure 5.4: Texas Medicaid Caseload (Average Recipient Months) SFYs 1997-2013



Source: HHSC, Financial Services, HHS System Forecasting.

Unemployment

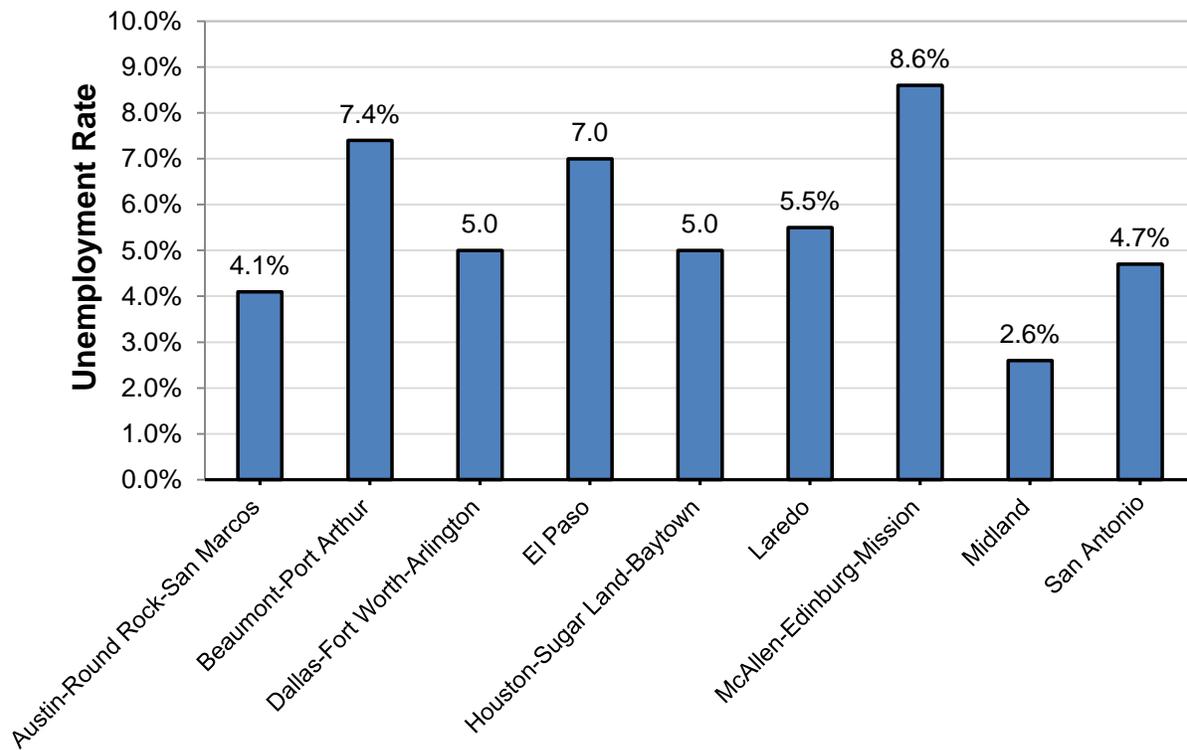
Since Medicaid primarily serves low-income individuals, a rise in unemployment can result in an increase in the number of people eligible for Medicaid due to their income level.

In May 2014, Texas’ seasonally adjusted unemployment rate was 5.1 percent, which was lower than the national rate of 6.3 percent. The percentage of working-age persons (ages 16 through 64) in Texas who had a job in May 2014 was 70 percent.

The unemployment rate varies among regions of the state, as shown in **Figure 5.5**. In May 2014, the Metropolitan Statistical Area (MSA) with the lowest unemployment rate was Midland, with a rate of 2.6 percent. The highest unemployment rate was in the McAllen-Edinburg-Mission MSA, with a rate of 8.6 percent.⁴

Figure 5.5 illustrates the unemployment rates in selected areas of the state.

Figure 5.5: Unemployment Rates in Selected Texas Metropolitan Areas, May 2014



Source: Texas Workforce Commission.

Medicaid Demographics

Disability

Most likely, with the gradual aging of the population comes an increase in the number of people with a disability or other chronic health condition, which can cause difficulties in performing basic activities of daily living and functions, such as working, bathing, dressing, cooking, and driving. People with disabilities or chronic health conditions are more likely to need and use health and human services, so this trend could mean increased demand for services from the Texas Health and Human Services (HHS) agencies. The American Community Survey (ACS) for Texas, which is conducted by the

U.S. Census Bureau, indicates that in 2012 there were approximately three million, or 12 percent of all Texans, who lived with a disability. Among adults aged 18-64, the ACS reports that 10.3 percent had a disability in 2012. Among adults aged 65 and older, the ACS reports that 40.5 percent live with a disability.

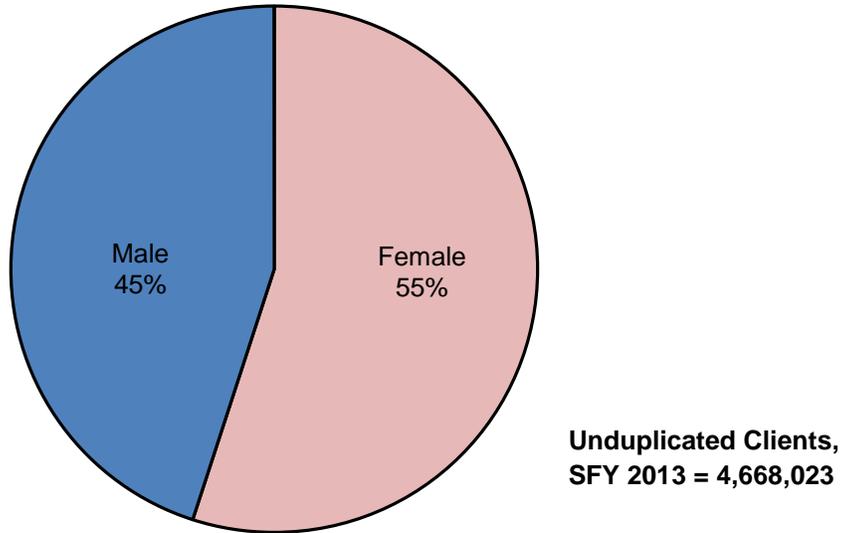
As of SFY 2011, about 14 percent of the people (children and adults) receiving Texas Medicaid services were eligible because of a disability. These clients may have been receiving Medicaid for a number of years, and, if they became eligible through a waiver program, may not receive SSI cash assistance. The proportion of disability-related clients likely understates the actual frequency of disabling conditions among Texans in the Medicaid program, because many people age 65 and older also have a disability, but are classified as part of the elderly Medicaid population rather than as Medicaid clients with disabilities.

Gender

Figure 5.6 shows Medicaid client population by gender. Texas Medicaid clients are disproportionately female, for several reasons:

- The poverty rate is slightly higher among women than men. For example, in 2012 the poverty rate for women in Texas was 19 percent while the rate for men was 16 percent.⁵
- Women live longer than men, on average, and the rate of poverty among women in Texas age 65 and older is higher than among their male counterparts (13 percent versus 9 percent in 2012)⁶.
- Medicaid for parents and caretaker relatives targets poor families, which in Texas are usually female-headed (95 percent in August 2012⁷). Female-headed single-parent families in Texas have higher poverty rates than their male-headed counterparts (34 percent versus 17 percent in 2012).⁸
- Medicaid covers eligible low-income women for pregnancy-related services.
- Medicaid covers eligible low-income women with a qualifying breast or cervical cancer diagnosis under the Medicaid for Breast and Cervical Cancer Program (MBCC).

**Figure 5.6: Texas Medicaid Recipients by Gender
SFY 2013**



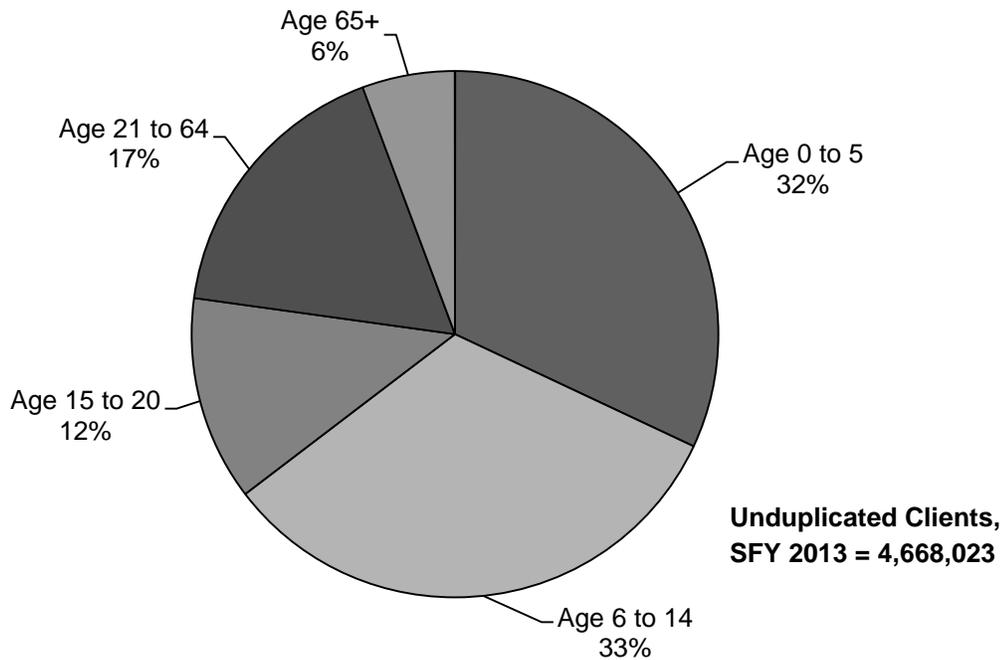
Source: HHSC, Financial Services, HHS System Forecasting.

Note: Unduplicated clients include all clients who receive full Medicaid benefits at any point during the year.

Age

Figure 5.7 shows the age groups of clients receiving Texas Medicaid at some point during SFY 2013. Children and persons age 65 and older make up 83 percent of the program's clients. Seventy-seven percent of the program is comprised of people under age 21, and 65 percent are age 14 or younger.

Figure 5.7: Texas Medicaid Recipients by Age SFY 2013



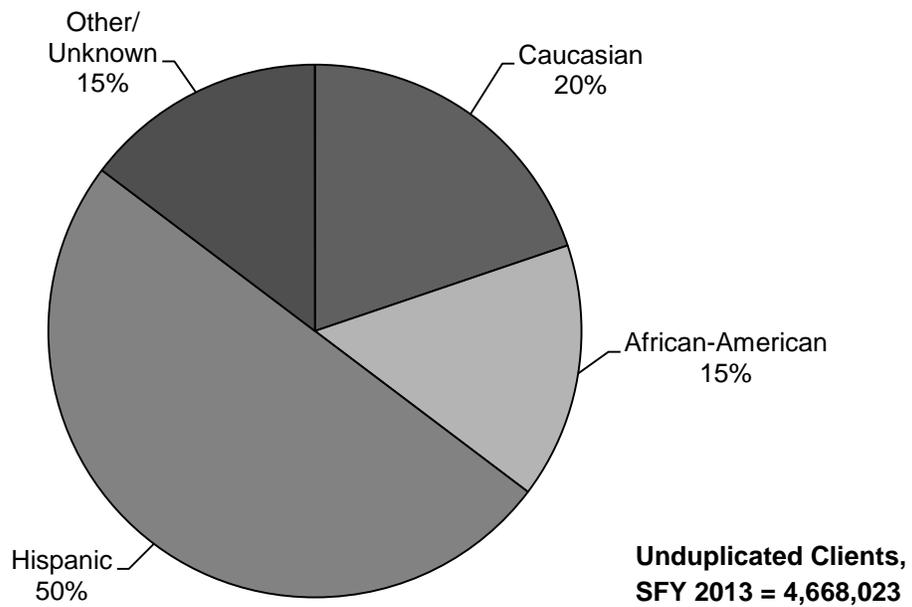
Source: HHSC, Financial Services, HHS System Forecasting.

Note: Unduplicated clients include all clients who receive full Medicaid benefits at any point during the year.

Ethnicity

Figure 5.8 shows the ethnicity of clients receiving Medicaid at some point during SFY 2013. Hispanics account for the largest portion of Medicaid clients, comprising 50 percent of the Medicaid population. African-American and Hispanic Texans comprise higher percentages of the Medicaid population than of the general population.

Figure 5.8: Texas Medicaid Recipients by Ethnicity SFY 2013



Source: HHSC, Financial Services, HHS System Forecasting.

Note: Unduplicated clients include all clients who receive full Medicaid benefits at any point during the year.

Poverty

Since Medicaid primarily serves low-income individuals, poverty in the state affects the number of people eligible for the Medicaid program. In 2012, about 4.6 million Texans (17.6 percent of the state's population) lived at or below the federal poverty level, and approximately 39 percent of these were children under age 18. Approximately 26 percent of all Texas children under age 18 were living at or below the federal poverty level in 2012.⁹ Approximately 26 percent of Hispanics and 23 percent of African-Americans in Texas were living at or below the poverty level in 2012, along with 9 percent of White Non-Hispanics.

Table 5.3 lists the Federal Poverty Guidelines by family size for 2012-2014

Table 5.3: Federal Poverty Guidelines, 2012-2014

(For the 48 Contiguous States)

Size of Family Unit	2012 Annual Income	2013 Annual Income	2014 Annual Income
1	\$11,170	\$11,490	\$11,670
2	\$15,130	\$15,510	\$15,730
3	\$19,090	\$19,530	\$19,790
4	\$23,050	\$23,550	\$23,850
5	\$27,010	\$27,570	\$27,910
6	\$30,970	\$31,590	\$31,970
7	\$34,930	\$35,610	\$36,030
8	\$38,890	\$39,630	\$40,090
For each additional person, add	\$3,960	\$4,020	\$4,060

Source: U.S. Department of Health and Human Services, HHS Poverty Guidelines, 2012-2014 <http://aspe.hhs.gov/poverty/> (July 2014).

Federal Medical Assistance Percentage

The poverty rate also affects Medicaid through the federal medical assistance percentage (FMAP) rate. The FMAP rate is derived from each state's average per capita income. As the state's per capita income increases in relation to the national per capita income, the federal match rate decreases. The federal fiscal year (FFY) 2013

FMAP rate of 59.30 percent is a slight increase from Texas' FFY 2012 FMAP rate of 58.22 percent.

Table 5.4 shows Texas' FMAP and Enhanced FMAP (used for CHIP federal match) percentages for FFYs 1998-2015.

Table 5.4: Texas Federal Medical Assistance Percentages (FMAP)

Federal Fiscal Year	Federal Medical Assistance Percentage	Enhanced Federal Medical Assistance Percentage	American Reinvestment and Recovery Act (ARRA) Enhanced FMAP*
1998	62.28%	73.60%	N/A
1999	62.45%	73.72%	N/A
2000	61.36%	72.95%	N/A
2001	60.57%	72.40%	N/A
2002	60.17%	72.12%	N/A
2003	59.99%	71.99%	N/A
2004	60.22%	72.15%	N/A
2005	60.87%	72.61%	N/A
2006	60.66%	72.46%	N/A
2007	60.78%	72.55%	N/A
2008	60.56%	72.39%	N/A
2009	59.44%	71.61%	69.03%
2010	58.73%	71.11%	70.94%
2011	60.56%	72.39%	66.46%
2012	58.22%	70.75%	N/A
2013	59.30%	71.51%	N/A
2014	58.69%	71.08%	N/A
2015	58.05	70.64	N/A

* The American Recovery and Reinvestment Act (ARRA) (P.L. 111-5) temporarily increased the FMAP from October 2008 through December 2010.

Births in Texas

The number of births reported in Texas has seen a slight decrease in recent years as shown in **Table 5.5** and **Table 5.6**.

Table 5.5 shows the births in Texas by ethnicity and percent Medicaid paid from calendar years (CYs) 2005 to 2012, the most recent data available.

A substantial percentage of all live births in Texas are attributed to Hispanic women. The proportion of all births attributable to Hispanic mothers increased steadily from 37 percent of all births in 1990 to a peak of 50.1 percent of all births in 2009, followed by a slow but steady decrease to 47.8 percent in 2012. During that same period, the proportion of births to African-American mothers peaked at 14 percent in 1990 but decreased to 11.3 percent by 2012. As shown at the bottom of Table 5.5, the percentage of Medicaid-paid births in Texas stayed fairly consistent over time. In 2012, 53.8 percent of all Texas births were paid by Medicaid.

Table 5.5: Births in Texas, CYs 2005-2012

Births	2005	2006	2007	2008	2009	2010	2011	2012
Total Births	385,537	399,309	407,453	405,242	401,599	385,746	377,274	382,438
% Hispanic	49.7%	49.6%	50.2%	50.1%	50.1%	49.0%	48.3%	47.8%
% Caucasian	35.5%	34.7%	34.1%	34.1%	33.9%	34.6%	35.0%	34.6%
% African American	11.0%	11.5%	11.3%	11.3%	11.3%	11.5%	11.4%	11.3%
% Other	3.8%	4.2%	4.4%	4.6%	4.7%	4.9%	5.2%	6.3%
% Medicaid Paid	55.8%	55.9%	56.0%	55.4%	55.9%	57.0%	56.4%	53.8%

Source for Births by Race/Ethnicity: Texas Department of State Health Services, Texas Health Data. <http://soupin.tdh.state.tx.us/birthdoc.htm>.

Source for % Medicaid Paid: Medicaid Paid Births--Texas. HHSC, Strategic Decision Support, April 2014.

Table 5.6 illustrates the percent distribution of live births in CY 2012, the most recent data available, according to the mother's age group and race/ethnicity. The data show a higher percentage of births to young mothers (women under age 20) for Hispanic women (14.4 percent) and African-American women (12.3 percent) compared to Caucasian women (6.4 percent).

Table 5.6: Percent Distribution of Live Births in Texas by Mother's Age and Ethnicity, CY 2012

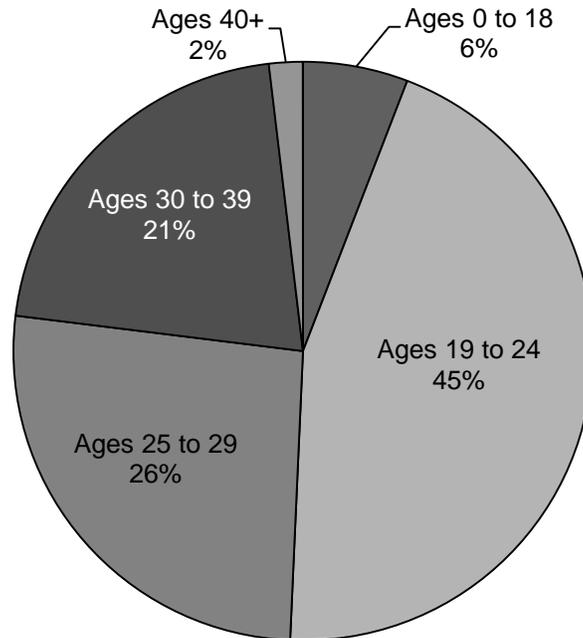
Age	Hispanic	Caucasian	African American	Other	All
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%
10 to 14	0.2%	0.0%	0.2%	0.1%	0.1%
15 to 17	5.0%	1.6%	3.6%	1.0%	3.4%
18 to 19	9.2%	4.8%	8.5%	2.4%	7.2%
20 to 29	54.7%	52.3%	57.9%	40.4%	53.3%
30 to 39	28.7%	38.6%	27.6%	52.1%	33.5%
40 plus	2.2%	2.7%	2.3%	4.0%	2.5%

Source: Texas Department of State Health Services, Texas Health Data at <http://soupin.tdh.state.tx.us/birthdoc.htm>. HHSC, Financial Services.

Age of Pregnant Women

Figure 5.9 shows the number of pregnant women served by the Texas Medicaid program in SFY 2013 by age group. Almost one-half (45 percent) of the pregnant women in the Texas Medicaid program are between the ages of 19 and 24, while 6 percent are under age 19. While private insurance companies can no longer exclude pregnant women seeking health insurance, many young pregnant women are less likely to be able to afford insurance. They are also more likely to work at low-level jobs that do not provide health coverage. The Texas Medicaid program extends coverage to pregnant women with incomes up to 198 percent of FPL (\$39,192 for a family of three in 2014).

**Figure 5.9: Pregnant Women on Medicaid in Texas by Age Group
SFY 2013**

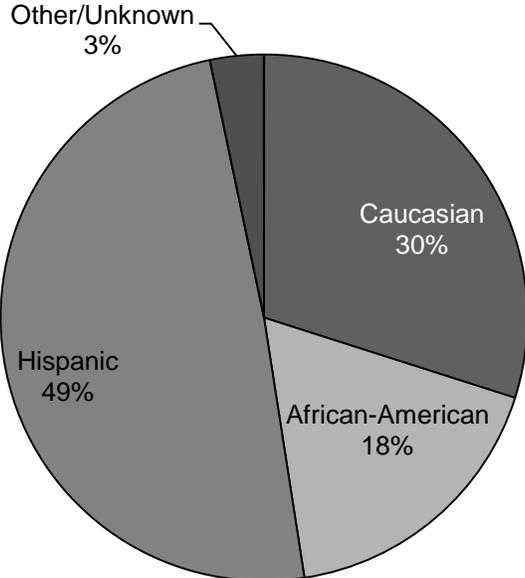


Source: HHSC, Financial Services, HHS System Forecasting.

Ethnicity of Pregnant Women

Figure 5.10 shows the ethnicity of pregnant women served by the Texas Medicaid program in SFY 2013.

Figure 5.10: Pregnant Women on Medicaid in Texas by Race/Ethnicity SFY 2013



Source: HHSC, Financial Services, HHS System Forecasting.

Endnotes

¹ TWB #14-05 - ACA implementing policy bulletin.

² HHSC, *Monthly MMA Dual Eligible Counts*.

³ HHSC, *Monthly MMA Dual Eligible Counts*.

⁴ Texas Workforce Commission, <http://www.twc.state.tx.us/> (June 2014).

⁵ U.S. Census Bureau, "American Community Survey for Texas," 2012.

⁶ U.S. Census Bureau, "American Community Survey for Texas," 2012.

⁷ August 2012, TANF Demographic Profile, HHSC

⁸ U.S. Census Bureau, "American Community Survey for Texas," 2012.

⁹ U.S. Census Bureau, "American Community Survey for Texas" 2012.