

**ANALYSIS OF SELECTED ERIE COUNTY
MEDICAID DATA**
2025 AND SELECTED PRIOR PERIODS



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County Executive Poloncarz:

Since 2013, The Office of the Medicaid Inspector General for Erie County (“MIG Team”) has met with you¹ to discuss Medicaid issues raised with you by citizens of Erie County. You have met with the MIG Team on several occasions and asked that the team follow-up on certain questions brought up in those discussions. You also instructed that we develop a report to answer those questions discussed and provide what we believe to be valuable Erie County Medicaid data to County decision-makers and County residents. This is that document.

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.

This report is reviewed by the New York State Department of Health. As a condition of its release, we include the following disclaimer:

“The views and opinions expressed in this publication are those of the author(s) and do not necessarily reflect the official policy or position of the New York State Department of Health. Examples of Analysis performed within this publication are only examples. They should not be utilized in real-world analytic products.”

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

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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 fifty-six (56) audits. These audits cover more than \$113 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 January 1, 2024, we are trained 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, comprised of four employees, is funded through the State under a 2012 agreement.

MEDICAID

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

TABLE 1. Mandated and Optional State Medicaid Health Care Services²

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

New York State covers nearly all the optional services for Medicaid.²

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 2024 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 \$41,496 for a family of four in 2024.

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

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

federal income tax return.³

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.⁴

TABLE 2. Selected poverty guidelines as a percentage of the Federal poverty level ⁵

2024 Federal Annual Poverty Guidelines ^A				
Household Size	100%	133%	150%	200%
1	\$ 15,060	\$ 20,030	\$ 22,590	\$ 30,120
2	20,440	\$ 27,185	30,660	40,880
3	25,820	\$ 34,341	38,730	51,640
4	31,200	\$ 41,496	46,800	62,400
5	36,580	\$ 48,651	54,870	73,160

A - Poverty guidelines are formally referenced as "the poverty guidelines updated periodically in the Federal Register by the U.S. Department of Health and Human Services under the authority of 42 U.S.C. 9902(2)".

In Erie County, the Minimum Wage is \$15.50 per hour as of December 31, 2024.⁶ Individuals earning minimum wage who work 40 hours per week for 50 weeks per year earn an annual wage of \$31,000.

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 January 1, 2024, would have an income of \$62,000. With no other income or adjustments to their AGI, the Disregard would be \$3,100.00. (\$62,000 X 5%) In this example the MAGI would be \$58,900 and this family would not qualify for Medicaid under the current guidelines.

³ From the Department of Health and Human Services website. WWW.Medicaid.gov

⁴ New York State Department of Health website. <http://www.health.ny.gov/>

⁵ US Department of Health and Human Services website. <http://www.hhs.gov/>

⁶ This wage can vary under certain circumstances. Please see the New York State Department of Labor website. www.labor.ny.gov

The ACA ensures that no one would lose health coverage as a result of converting to the MAGI rules.⁷ 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 with the benefit of a premium tax credit and possible cost-sharing reductions through the health plan marketplace run by New York State.

The family described above has children who may qualify for Child Health Plus and the adults may qualify for the Essential Plan health insurance.

If someone believes they qualify for Medicaid, or they believe their children may qualify for Child Health Plus, 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).

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) website or www.medicaid.gov for the most current information.

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.⁸

The ACA changed the calculation of the FMAP percentage. 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 2025 was based on the years 2020-2022.

The FMAP for New York State for the federal government's fiscal year (October 1, 2024 through September 30, 2025) was 50%⁹. New York State shares the lowest FMAP percentage in the nation with ten (10) other states. The highest FMAP percentage for federal FY 2026 was 83% for Guam, the US Virgin Islands, American Samoa and the Northern Mariana Islands.¹⁰ This means that

⁷ US Department of Health and Human Services website. <http://www.hhs.gov/>

⁸ KFF Health News - [Federal Medical Assistance Percentage \(FMAP\) for Medicaid and Multiplier | KFF State Health Facts](#)

⁹ KFF Health News - [Federal Medical Assistance Percentage \(FMAP\) for Medicaid and Multiplier | KFF State Health Facts](#)

¹⁰ KFF Health News - [Federal Medical Assistance Percentage \(FMAP\) for Medicaid and Multiplier | KFF State Health Facts](#)

despite the large cost of New York’s Medicaid program, by percentage, the state received a lower federal contribution than many other states.

THE FEDERAL BUDGET, THE “ONE BIG BEAUTIFUL BILL” AND MEDICAID

President Donald Trump signed the One Big Beautiful Bill Act (OBBB) into law on July 4, 2025. Among other provisions, the bill raises the debt ceiling by \$5 trillion annually and also makes a 15% cut to Medicaid spending, according to KFF¹¹. According to the U.S. Department of Health and Human Services, Medicaid is a “joint federal and state program that helps cover medical costs for some people with limited income and resources. The federal government has general rules that all state Medicaid programs must follow, but each state runs its own program.”¹²

Medicaid provides health insurance to low-income populations in the U.S. Because private health insurance premiums have become so expensive, many people on Medicaid would be uninsured if not covered by Medicaid, while others could pay for private insurance only by cutting back on other necessities that indirectly affect health. Extensive research has shown that cutting Medicaid coverage leads to worse health and increased risk of premature mortality.

The OBBB includes cuts to Medicaid of almost \$1 trillion over the next 10 years.¹³

The Congressional Budget Office (“CBO”) has a strong reputation for high-quality, nonpartisan analysis. The CBO estimates that this means that 11.8 million Americans may lose their health insurance. However, this type of estimate requires many assumptions. The actual OBBB effect may be as much as 25% larger or smaller than the above 11.8 million Americans or \$1 trillion in cuts. For example, this estimate requires assumptions about how much states may raise their own spending to backfill lost federal funds, which could shrink the uninsurance increase. Regardless of the precise effect, it is the largest, most regressive cut to federal health benefits that has ever been enacted in the U.S.¹⁴

There are parallel changes to the Affordable Care Act (ACA, also sometimes referred to as Obamacare) that will also affect the number of Americans who have health insurance. To fund larger tax cuts, the OBBB avoided extending current subsidies that help make ACA marketplace insurance plans affordable. Those subsidies will expire at the end of 2025, leading to premiums that double for many people, which the Congressional Budget Office estimates will cause more than 4 million more people to become uninsured. Along with the Medicaid cuts, and other provisions making it harder for people to enroll in ACA plans even when eligible, the Congressional Budget Office estimates that the total number of uninsured will rise by 17 million people by 2034.

¹¹ [KFF Health News](#). “KFF” is a national newsroom that produces in-depth journalism about health issues.

¹² https://greatergood.berkeley.edu/article/item/how_will_cuts_to_medicare_affect_americans_well_being

¹³ Newsweek - [Democrats move to reverse \\$1 trillion Medicaid cuts](#)

¹⁴ UC Berkeley Public Health - [What do the looming cuts to Medicaid really mean? | UC Berkeley Public Health](#)

These cuts will indirectly harm the rest of the population by raising financial pressure on health facilities. More uninsured people implies more unpaid medical bills, which leads to health care price increases for everyone else. Ultimately, health care facilities in low-income areas will have to cut back on services, and based on past experience KFF does predict that some safety net clinics and hospitals will be forced to close.

The biggest adverse impacts will be on those who most gained insurance from the ACA, which was low-income adults ages 18–64 without young children. That is the group that will have new work requirements to spend at least 80 hours per month in verified work-related activities. States that have previously passed such work requirements have seen many people lose insurance, though often because the bureaucracy made it too difficult to prove that they were actually complying and so should have been Medicaid-eligible. Another population at high risk is immigrants; for example, most on humanitarian visas will now be barred from Medicaid.

Furthermore, some adults over age 65 are also predicted to lose dual Medicaid coverage that helps them pay for Medicare cost-sharing, though fortunately the overall effects on older adults and children will be more muted compared to other groups.

Because of higher poverty, Medicaid coverage rates are generally higher in rural areas, so the OBBB cuts are predicted to disproportionately harm rural areas. Last-minute politicking by Republican Senators with large rural populations resulted in a new rural fund intended to offset impacts on rural health care providers, but the fund is far too small relative to the predicted adverse effects, so prominent rural health care experts are predicting some closures of rural hospitals and clinics as a result.

Although the primary focus was not on older adult health care, various provisions will have adverse effects. One is that the loss of dual Medicaid coverage for some Medicare enrollees will make it harder for them to financially access long-term care.

Another effect that nursing home experts are concerned about is a provision that bars enforcement of a Biden-era rule mandating minimum staffing levels in long-term care facilities, so the result is that the OBBB is preventing nursing home quality improvements.

More indirectly, state budgetary pressure has often led to cuts in state-funded home and community-based services for older adult caregiving, so that is a potential concern. The biggest wildcard is that the magnitude of the tax cuts in the bill will raise the national debt by about \$3 trillion over the next decade, which would trigger a deficit-reduction provision that would significantly cut Medicare provider reimbursement rates—unless Congress chooses to waive their own rules.

It is important to remember that not all of these adverse effects are inevitable. Many of the biggest insurance cuts will not take effect for another several years, so there is time for policy reversals under a future Congress and administration. States can also choose to respond in various ways: The unprecedented Medicaid cut was accompanied by even bigger federal tax cuts for the wealthy and for corporations, and states could implement corresponding state-level tax increases in order to partially backfill federal safety net cuts. States will also be responsible for implementing

processes such as verifying the Medicaid work requirement—and the smoother they make the bureaucracy, the more people will be able to retain the benefits for which they are still eligible¹⁵.

WORK REQUIREMENTS

What Changes	Impact	People Affected
Work requirements	Must work 80 hours/month to keep coverage	4.8 million lose coverage
Stricter state financing rules	States can't use provider taxes to fund Medicaid	\$340 billion in cuts
More frequent eligibility checks	Coverage reviewed every 6 months instead of yearly	Part of 7.8 million total loss
Higher copayments	Up to \$35 per doctor visit for some patients	Creates barriers to care

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Medicaid work requirements, which account for many of the nearly 12 million people projected to lose coverage under the bill, generally won't kick in until 2027, and some states could get extensions.

- Though beneficiaries will get warnings ahead of time, able-bodied recipients ages 19 to 64 wouldn't actually be dropped from program rolls for failure to meet or properly report the required 80 hours a month until after November 2026;
- The OBBB also increases the frequency of Medicaid eligibility checks to every six months, starting on Dec. 31, 2026. People in the Medicaid expansion population who retain coverage under the new system could have to pay up to \$35 in cost-sharing per service starting in October 2028.

The biggest change requires most adults under 65 who got Medicaid through Obamacare expansion to work, train, or volunteer for at least 80 hours per month. Miss the requirement, and an individual will lose their health coverage. Supporters say this restores the “dignity of work” and eliminates people who choose not to work. But when Arkansas tried a similar rule, thousands of people lost coverage due to paperwork problems and reporting errors—not because they stopped working.¹⁷

THE NUMBERS BEHIND THE COVERAGE LOSS

The Congressional Budget Office breaks down how 16 million Americans will lose coverage by 2034:

¹⁵ https://greatergood.berkeley.edu/article/item/how_will_cuts_to_medicaid_affect_americans_well_being

¹⁶ <https://govfacts.org/explainer/how-the-one-big-beautiful-bill-targets-medicare-and-medicaid/>

¹⁷ <https://govfacts.org/explainer/how-the-one-big-beautiful-bill-targets-medicare-and-medicaid/>

Source of Coverage Loss	Number of People
Medicaid changes in the law	7.8 million
ACA marketplace changes	3.1 million
Program integrity rule	0.9 million
Expiration of enhanced ACA tax credits	4.2 million
Total newly uninsured	16.0 million

THE STATES HAVE THEIR OWN BUDGET CRISIS

The OBBA severely restricts how states pay for their share of Medicaid costs. States have long used provider taxes and special payment arrangements to fund their portion of the program. The new law limits these financing tools, effectively shifting hundreds of billions in costs to state budgets.

States will face an impossible choice: raise taxes, cut other services like education and roads, or make even deeper cuts to their Medicaid programs.

The law eliminates “provisional eligibility,” which let people get temporary coverage while their paperwork was processed. Now, eligible families—including parents of newborns waiting for Social Security numbers—could go without insurance for weeks or months.

MEDICAID COSTS IN ERIE COUNTY FOR SELECTED YEARS

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

In this document we count Medicaid clients as the actual persons on the Medicaid rolls, either at the end of the year in question, or the end of the month under examination. This is how New York State reports Medicaid clients on the State website. Medicaid clients are added and removed from the Medicaid rolls continuously. In 2024, Erie County and New York State count 253,923 persons on Medicaid on December 31, 2024. If we had counted persons who were at one time in 2024 on Medicaid, but were removed from the roll later in 2024, the figure would be 328,769. Clients are removed from the Medicaid rolls for a number of reasons, the most common being they no longer qualify. A client may take a job that offers healthcare and will no longer need Medicaid. A client may move to another county or state; or a client may marry and be covered under a spouse’s healthcare. The addition or removal of Medicaid clients is performed by Erie County Social Services.

In 2024, more than \$2.9 billion dollars was spent on Medicaid in Erie County. This sums to more than eleven thousand dollars per Medicaid client at the end of the year. To illustrate the changes in Medicaid clients and costs over time in Erie County, Table 3 was developed.

TABLE 3. Medicaid Costs, Clients and Per Client Costs for Selected Years in Erie County.

Erie County Medicaid Costs And Clients For Selected Years						
	2020	2021	2022	2023	2024 ^C	2025 ^A
Medicaid Costs	\$ 2,450,681,903	\$ 2,634,099,155	\$ 2,807,245,010	\$ 2,997,676,898	\$ 2,991,439,258	\$ 1,590,506,157
Erie County's Portion of Medicaid Costs ^B	\$ 199,920,838	\$ 178,436,357	\$ 196,016,900	\$ 190,454,017	\$ 214,648,032	\$ 213,379,184
Medicaid Clients ^C	262,256	280,365	293,650	279,190	253,923	253,480
Medicaid Cost Per Client	\$ 9,344.62	\$ 9,395.25	\$ 9,559.83	\$ 10,737.05	\$ 11,780.89	\$ 6,274.68
Erie County Population ^D	954,236	950,683	950,312	946,147	950,602	N/A
% of Erie County Population on Medicaid	27.48%	29.49%	30.90%	29.51%	26.71%	N/A
A 2025 data is not final and is only for the period June 1 through June 30, 2025.						
B - Erie County's portion of Medicaid Costs is a maximum figure for the full year. Federal credits may reduce this figure.						
C Data is for the month of December only for the year in question.						
D - Erie County population figures as per the US Census. 2025 figures are unavailable at the time of this report.						
Source: Salient NYS Medicaid Enterprise System; Includes Payment Cycles through 2508; Dates of Service June 30, 2025; Access Date September 15, 2025.						

From 2020 to the end of 2024, Medicaid costs in Erie County have increased by more than five hundred forty million dollars. In that same period, Erie County's portion of those costs has risen, by more than fourteen million dollars.

The 2021 cost reduction is due to enhanced Federal Medicaid Assistance Payments (e-FMAP) coming from Congress as a result of the COVID-19 pandemic. These payments have stopped.

When Medicaid was first established, the Federal Government paid 51 percent of NY's Medicaid costs, New York State paid 35 percent and Counties, including Erie County, paid about 13 percent. However, New York State has capped county Medicaid payments. If that cap did not exist, Erie County's portion of Medicaid costs in 2024 would have been over \$388 million dollars or about \$174 million dollars more than what was budgeted.

So the reader may understand the impact of the Medicaid cap on the Erie County budget, in 2024, Property Tax revenue was about \$328.7 million. To raise an additional \$174 million in property tax revenue would have caused property tax rates to rise more than 50%.

In our 2017 report to you, we predicted that Medicaid clients in Erie County would stabilize between 282,000 and 287,000 clients. 2024 has shown that prediction to be inaccurate with Medicaid clients falling to 253,923 people.

ERIE COUNTY MEDICAID CLIENTS BY ZIP CODE, 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 residential zip code of the Medicaid patient. For the zip codes with the largest number of Medicaid recipients, that data is provided in Table 4.

The chart below divides up Medicaid clients by “Managed Care” and “FFS”. Fee for Service (FFS) Medicaid is a payment model where healthcare providers are paid directly for each service they provide to Medicaid beneficiaries, allowing for a wide range of medical services. Under FFS, Medicaid pays healthcare providers directly for each service rendered. This means that providers submit claims for the services they provide, and New York State reimburses them according to pre-established rates.

“Managed Care” Medicaid provides benefits through contracted arrangements with managed care organizations (MCOs), aiming to improve care coordination and control costs. Medicaid managed care is designed to deliver Medicaid health benefits and additional services through a structured system of managed care organizations (MCOs). These organizations receive a set dollar amount per member per month (called a “capitation payment”) from New York State to provide a range of health services to enrolled beneficiaries. This model allows states to manage costs and improve the quality of care provided to Medicaid recipients.

TABLE 4. Medicaid Clients for June of 2025 by Residing Zip Code.

Erie County Medicaid Clients by Zip Code		
For the month of June, 2025		
Major Coverage Group	Zip	Unique Recipients with Medicaid Enrollment
Managed Care	14215	19,886
Managed Care	14211	15,100
Managed Care	14207	11,896
Managed Care	14213	9,228
Managed Care	14206	8,302
Managed Care	14225	8,275
Managed Care	14218	7,628
Managed Care	14212	7,298
Managed Care	14150	6,314
Managed Care	14210	5,163
Managed Care	14220	5,099
Managed Care	14208	5,056
FFS	14215	3,947
FFS	14211	2,506
FFS	14221	2,425
FFS	14207	2,207
FFS	14150	2,203
FFS	14225	2,151
FFS	14224	2,091
FFS	14075	2,088
FFS	14206	1,881
FFS	14213	1,837
FFS	14218	1,712
FFS	14227	1,579
Total		<u>135,872</u>
Total Medicaid Clients - June of 2025		253,480
Above as a percent of total clients		54%
Source: Salient NYS Medicaid Enterprise System; Includes Payment Cycles through 2508; Dates of Service June 30, 2025; Access Date September 15, 2025.		

Table Five shows that in 2025, the top sixteen zip codes contain about fifty-four percent (54%) of the County’s Medicaid population. Not surprisingly, these zip codes are concentrated in the City of Buffalo.

Erie County’s population for the year 2024 was 950,602.¹⁸ There were 253,923 clients on

¹⁸ US Census www.census.gov

Medicaid in Erie County in December of 2024. About 27% of all Erie County residents are covered by Medicaid. This is a decrease from prior years.

Medicaid clients by race and age are shown in Table 5.

TABLE 5. Medicaid Recipients by Age and Race

Unique Erie County Medicaid Recipients by Age and Race		
June of 2025 ^A		
Race / Ethnicity / Age ^B	Managed Care	Fee for Service
Age (65 and Over)		
White	3,530	16,648
Black/African American	2,123	4,330
Hispanic/Latino	670	1,316
Asian/Pacific Islander	1,686	865
American Indian/Alaska Native	63	168
Not Available/More Than One Race	772	1,664
Age (21-64)		
White	42,372	13,477
Black/African American	26,423	6,360
Hispanic/Latino	11,936	2,687
Asian/Pacific Islander	12,831	929
American Indian/Alaska Native	666	164
Not Available/More Than One Race	7,735	1,836
Age (0-20)		
White	23,499	3,515
Black/African American	24,519	2,347
Hispanic/Latino	13,322	1,187
Asian/Pacific Islander	12,649	491
American Indian/Alaska Native	632	67
Not Available/More Than One Race	8,990	1,011
Totals	194,418	59,062
A 2025 data is not final and is only for the period June 1 through June 30, 2025.		
B Medicaid clients self report for race and ethnicity.		
Source: Salient NYS Medicaid Enterprise System: Includes Payment Cycles through 23508; Dates of Service through June 30, 2025; Access Date September 15, 2025.		

In June of 2025, persons less than 21 years of age made up about 36% of the persons on Medicaid in Erie County. This percentage continues to climb over time.

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 6. Most commonly filled prescriptions*

The Medicaid Drugs in Erie County with the Most Filled Prescriptions are:

	2021	2022	2023	2024 ^B	2025 ^A
1	Atorvastatin Calcium	Atorvastatin Calcium	Albuterol Sulfate	Albuterol Sulfate	Albuterol Sulfate
2	Albuterol Sulfate	Albuterol Sulfate	Atorvastatin Calcium	Atorvastatin Calcium	Atorvastatin Calcium
3	Metformin HCL	Metformin HCL	Ibuprofen	Ibuprofen	Ibuprofen
4	Omeprazole	Amlodipine Besylate	Metformin HCL	Vitamin D	Vitamin D
5	Amlodipine Besylate	Omeprazole	Omeprazole	Metformin HCL	Acetaminophen
6	Gabapentin	Ibuprofen	Amlodipine Besylate	Omeprazole	Metformin HCL
7	Ibuprofen	Gabapentin	Gabapentin	Gabapentin	Omeprazole
8	Lisinopril	Lisinopril	Levothyroxine Sodium	Acetaminophen	Gabapentin
9	Levothyroxine Sodium	Levothyroxine Sodium	Lisinopril	Fluticasone Propionate	Fluticasone Propionate
10	Pfizer Biontech COVID 19 Vaccine	Sertraline HCL	Vitamin D	Amlodipine Besylate	Vitamin D3
11	Vitamin D	Cetirizine HCL	Cetirizine HCL	Vitamin D	Amlodipine Besylate
12	Sertraline HCL	Vitamin D	Fluticasone Propionate	Cetirizine HCL	Cetirizine HCL
All Prescriptions Filled	3,563,184	3,691,405	3,540,952	3,214,601	1,565,799
Just Above Scripts Filled	759,332	801,348	737,482	659,865	328,956
Percent of Total	21%	22%	21%	21%	21%

^A 2025 data is not final and covers the period January 1, 2025 through June 30, 2025.

^B 2024 data is not final and covers the period January 1, 2024 through December 31, 2024.

Source: Saliient NYS Medicaid Enterprise System Includes Payment Cycles through 2508; Dates of Service June 30, 2025; Access Date September 15, 2025.

*generic drug names

In 2021, the Pfizer–Biontech COVID 19 vaccine was tenth on the listing. The Moderna COVID 19 vaccine is not shown; it would be the 25th item on the 2021 listing.

The pharmaceutical drugs shown in Table 6 and their commonly prescribed purpose are reported in Table 7 below:

(This section deliberately left blank.)

TABLE 7. Indications for commonly prescribed medications.

Drug Name	Commonly prescribed for:
Acetaminophen	A widely used pain reliever and fever reducer, effective for treating mild to moderate pain and reducing fever.
Albuterol Sulfate	Treatment for asthma or COPD
Amlodipine Besylate	High blood pressure treatment
Atorvastatin Calcium	Elevated cholesterol treatment
Cetirizine HCL	Used to address allergy symptoms
Fluticasone Propionate	Aa corticosteroid medication used to treat various inflammatory conditions, including asthma, allergic rhinitis, and skin disorders.
Gabapentin	Anti-epileptic medication and treatment for some kinds of nerve pain
Hydrochlorothiazide	Treatment for high blood pressure, also osteoporosis and is a diuretic
Ibuprofen	Over the counter pain reliever
Levothyroxine Sodium	Treatment for thyroid deficiency
Lisinopril	High blood pressure treatment
Metformin HCL	Treatment for type two diabetes or pre-diabetics
Moderna COVID 19 Vaccine	Vaccine for COVID 19
Omeprazole	Treatment for acid reflux
Pfizer-Biontech COVID 19 Vaccine	Vaccine for COVID 19
Sertraline HCL	Treatment for depression
Vitamin D	Addresses bone loss and cognitive impairment
Vitamin D3	Essential for various bodily functions, including promoting bone health, supporting the immune system, enhancing mood, and improving overall metabolic health.

MEDICAID CLIENTS AND POPULATION BY COUNTY IN NEW YORK STATE

In our 2016 report, we provided a table showing all New York State counties, their Medicaid clients and US Census population. That table, updated, is below as Table 8.¹⁹

Table 8. New York State Counties and Medicaid Clients

Total 2023 Population and 2023 Medicaid Clients by County in New York State sorted by Percentage of Population on Medicaid				
	County	Total Population (2023 Census)	Medicaid Clients ^A	Percentage of Each County's Population on Medicaid
1	Other	-	108,252	N/A
2	Bronx	1,356,476	987,386	73%
3	Kings	2,561,225	1,386,818	54%
4	Queens	2,252,196	1,176,689	52%
6	Rockland	340,807	151,819	45%
5	Montgomery	49,461	20,528	42%
7	Sullivan	79,920	31,485	39%
8	Chemung	81,325	31,710	39%
13	Richmond	490,687	190,135	39%
9	Oneida	227,555	79,414	35%
11	Chautauqua	124,891	43,225	35%
10	Chenango	46,685	16,022	34%
12	Franklin	47,066	16,083	34%
14	Schenectady	159,902	53,436	33%
25	Orange	407,470	134,179	33%
15	Cattaraugus	75,600	24,686	33%
19	New York	1,597,451	520,532	33%
17	Oswego	118,162	37,307	32%
23	Orleans	39,686	12,508	32%
21	Broome	196,077	61,624	31%
22	Steuben	92,162	28,934	31%
16	Fulton	52,787	16,498	31%
20	Washington	60,883	18,747	31%
18	Herkimer	59,932	18,362	31%
27	Allegany	47,027	14,249	30%
24	Monroe	748,482	226,481	30%
28	St. Lawrence	106,940	31,866	30%
26	Cayuga	74,485	22,182	30%
33	Ulster	182,333	54,160	30%
31	Erie	946,147	279,190	30%
29	Greene	47,554	13,879	29%
30	Niagara	209,457	60,941	29%
34	Cortland	46,401	13,341	29%
32	Onondaga	467,873	134,425	29%
36	Jefferson	114,787	32,834	29%
35	Clinton	78,115	22,172	28%
37	Tioga	48,106	13,529	28%
38	Madison	66,921	18,157	27%
39	Columbia	61,245	16,581	27%
41	Wayne	90,829	24,553	27%
43	Warren	65,380	17,648	27%
44	Schoharie	29,979	8,046	27%
40	Seneca	33,125	8,865	27%
48	Westchester	990,817	259,731	26%
49	Suffolk	1,523,170	397,688	26%
42	Delaware	44,551	11,595	26%
46	Genesee	57,943	14,842	26%
47	Rensselaer	159,305	39,812	25%
45	Essex	37,077	9,212	25%
53	Albany	316,659	78,057	25%
51	Otsego	59,738	14,671	25%
52	Wyoming	39,980	9,773	24%
57	Nassau	1,381,715	332,381	24%
55	Dutchess	297,150	70,022	24%
50	Schuyler	17,749	4,164	23%
56	Ontario	112,494	26,169	23%
54	Yates	24,637	5,613	23%
58	Lewis	26,618	5,965	22%
59	Livingston	61,588	13,357	22%
61	Putnam	98,060	18,731	19%
60	Tompkins	103,558	18,916	18%
62	Saratoga	238,711	41,452	17%
63	Hamilton	5,102	821	16%
Totals		19,571,216	7,552,450	39%
A - Enrollment as of December 31, 2023. These figures are not final.				

¹⁹ Population figures from the US Census. [Census.gov](https://www.census.gov) | [U.S. Census Bureau Homepage](https://www.census.gov)

Erie County ranks about the middle of New York State counties for Medicaid clients as a percentage of population.

CHRONIC MEDICAL CONDITIONS AND MEDICAID

Cuts to Medicaid will affect all Medicaid clients. Clients with chronic medical conditions will be amongst the persons most severely affected.

TABLE 9. Medicaid Clients and their Chronic Conditions.

Erie County Medicaid Clients with Chronic Conditions					
Illness / Year ^B	2020	2021	2022	2023	2024 ^A
Other Chronic Conditions	117,725	148,545	154,641	166,218	159,028
Other Mental Health	12,606	18,931	20,122	21,563	20,057
Diabetes	9,927	13,044	14,152	15,428	15,692
Asthma	7,966	9,366	9,527	11,322	12,063
Cardiovascular Disease	4,444	5,918	5,923	6,772	7,710
Hypertension	4,595	6,330	6,753	8,068	7,315
Depression	2,066	3,639	4,213	4,299	4,085
Attention Deficit Disorder / Hyperactivity Disorder	2,481	3,197	3,357	3,974	3,955
Schizophrenia	1,841	2,379	2,360	2,383	2,377
HIV / AIDS	756	900	901	939	890
A - The figures for 2024 are not final but cover the period January 1, 2024 through December 31, 2024.					
B - Medicaid clients may suffer from more than one illness. Clients can be counted in more than one category.					
Source: Salient NYS Medicaid Enterprise System: Includes Payment Cycles through 2508; Dates of Service June 30, 2025; Access Date September 15, 2025.					

The conditions described in Table 9 require regular medical care to address. An interruption in that care may have the most severe outcome: untreated (or under-treated) depression is a recipe for disaster, for example.

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TABLE 10. Category descriptions for the chronic conditions in Table 8.

Chronic Condition	Description ^A
Other Chronic Conditions	This category includes Long COVID, Obesity, Kidney Disease and other illnesses not listed below.
Other Mental Health	This category refers to a wide range of mental health conditions — disorders that affect your mood, thinking and behavior. Examples here include anxiety disorders, eating disorders and addictive behaviors.
Diabetes	Diabetes (mellitus) refers to a group of diseases that affect how the body uses blood sugar (glucose).
Asthma	Asthma is a condition in which your airways narrow and swell and may produce extra mucus. This can make breathing difficult and trigger coughing, a whistling sound (wheezing) when you breathe out and shortness of breath. Asthma can't be cured, but its symptoms can be controlled.
Cardiovascular Disease	Heart disease describes a range of conditions that affect the heart. This can include irregular heartbeats, called arrhythmias and other heart conditions that you're born with, called congenital heart defects.
Hypertension	High blood pressure is a common condition that affects the body's arteries. It's also called hypertension. If you have high blood pressure, the force of the blood pushing against the artery walls is consistently too high. The heart has to work harder to pump blood.
Depression	Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. Also called major depressive disorder or clinical depression, it affects how you feel, think and behave and can lead to a variety of emotional and physical problems. More than just a bout of the blues, depression isn't a weakness and you can't simply "snap out" of it. Depression may require long-term treatment.
Attention Deficit Disorder / Hyperactivity Disorder	Adult attention-deficit/hyperactivity disorder (ADHD) is a mental health disorder that includes a combination of persistent problems, such as difficulty paying attention, hyperactivity and impulsive behavior. Adult ADHD can lead to unstable relationships, poor work or school performance, low self-esteem, and other problems. Adult ADHD treatment includes medications, psychological counseling (psychotherapy) and treatment for any mental health conditions that occur along with ADHD.
Schizophrenia	Schizophrenia is a serious mental health condition that affects how people think, feel and behave. It may result in a mix of hallucinations, delusions, and disorganized thinking and behavior. Hallucinations involve seeing things or hearing voices that aren't observed by others. Delusions involve firm beliefs about things that are not true. People with schizophrenia can seem to lose touch with reality, which can make daily living very hard. People with schizophrenia need lifelong treatment. This includes medicine, talk therapy and help in learning how to manage daily life activities.
HIV / AIDS	Acquired immunodeficiency syndrome (AIDS), is an ongoing, also called chronic, condition. It's caused by the human immunodeficiency virus, also called HIV. HIV damages the immune system so that the body is less able to fight infection and disease. There's no cure for HIV/AIDS. But medicines can control the infection and keep the disease from getting worse.
A - Illness descriptions are from the Mayo Clinic. https://www.mayoclinic.org/	

CONCLUSIONS

- ✓ We predicted in past reports that Erie County Medicaid’s population would stabilize within a range of between 282,000 and 287,000 clients. We were wrong. June of 2025 data shows that Medicaid clients number 253,480.
- ✓ Medicaid costs continue to grow despite the falling number of Medicaid clients. In 2024, Medicaid costs for Erie County Medicaid clients climbed to over \$2.99 billion dollars. Much of that cost is paid by New York State and the Federal government.
- ✓ At the current rate of growth, Medicaid costs in Erie County may climb to over \$3 billion dollars by 2027.
- ✓ About 27% of Erie County residents’ health insurance is now being provided by Medicaid.
- ✓ Due to the COVID 19 pandemic, in 2020 through early 2023, Medicaid clients were not removed from the Medicaid rolls for reasons of eligibility. In April of 2023, the process of redetermining eligibility for Medicaid clients began. Medicaid enrollment in Erie County has dropped by more than 25,000 clients in part due to this redetermination.
- ✓ The number of Medicaid clients in Erie County with chronic conditions continues to climb. Especially worrisome is the increase in clients with diagnosed mental health issues such as depression.
- ✓ The “One Big Beautiful Bill” passed earlier this year cuts Medicaid funding and increases the administrative burden on Medicaid clients. The mixture of work requirements and funding cuts will most certainly lead to further reductions in Medicaid clients here in Erie County.

We gratefully acknowledge the cooperation and assistance of OMIG, the New York State Department of Health, the Erie County Department of Health, the Erie County Department of Social Services, the Erie County Department of Environment and Planning - Geographic Information Systems Team and the Erie County Department of Management and Budget. We look forward to working on additional projects with all these groups.