

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2000

New Jersey

 Division of
Health Policy Research

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General Information about the MSIS-2082, data source of this report:

(Available from CMS at URL: <http://cms.hhs.gov/medicaid/msis/mstats.asp>)

Up to FY 1998 - The HCFA-2082 was an annual State submitted report designed to collect aggregated statistical data on eligibles, recipients, services and expenditures during a Federal fiscal year (i.e., October 1 through September 30). The data reported for each year represented people on the Medicaid rolls, recipients of Medicaid services and the payments for claims adjudicated during the year. The data reflected bills adjudicated, or processed, during the year rather than the services used during the year. States summarized and reported the data processed through their own Medicaid claims processing and payment operations unless they opted to participate in MSIS and the 2082 report was produced by CMS. **Beginning in FY 1999** - As a result of legislation enacted from the Balanced Budget Act of 1997, States are required to submit all their eligibility and claims data on a quarterly basis through the Medicaid Statistical Information System (MSIS). States submit individual eligibility and claims data tapes to CMS on a quarterly basis. The State requirement for the HCFA-Form 2082 has been eliminated.

FY 2000 MSIS Caveats and Data Limitations

(Available from CMS at URL: <http://www.cms.gov/medicaid/msis/caveat00.asp>)

GENERAL

Starting with FFY 1999, states are required to submit all their eligibility and claims data on a quarterly basis through the Medicaid Statistical Information System (MSIS). The State requirement for the HCFA-Form 2082 has been eliminated. Also starting FFY1999, CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports. As a result, use caution when comparing FFY1999 and later Medicaid State Reports to prior years.

The Medicaid Statistical Information System (MSIS) changed significantly in FY 1999 for all States. Allowances continued to be made for some States that were unable to provide some data elements.

The general quality of the data is only as reliable as the data submitted to CMS by States. Federal edits are performed to validate individual data elements, check consistency between data elements and verify reasonableness of distributions between reporting periods.

Some year-to-year shifts from one Maintenance Assistance Status(MAS) to another MAS or one Basis of Eligibility(BOE) to another BOE could be the result of improved data quality reviews by CMS and their contractor.

Payments, or vendor payments, from MSIS include dollars for all claims adjudicated during the fiscal year. Vendor payments reported include capitated payments for managed care plans.

MSIS payments do not agree with the CMS-64 financial figures because they do not include payments made outside the claims processing system (e.g., payments made to disproportionate share (DSH) hospitals) and differences in accounting time lags.

MSIS slightly understates reporting for children under age 1. Many children born in August and September are omitted from MSIS because these newborns may not be added to the State eligibility file until after the end of the fiscal year. Some States show more beneficiaries than eligibles for certain cells. This can be a result of expansion of beneficiary counts for services rendered prior to the reporting year or shifts from the unknown categories.

All separate, or State only, SCHIP enrollees are excluded from the tables. There are no Medicaid dollars associated with these individuals while they are in the separate SCHIP program.

to be continued...

Continued. FY 2000 MSIS Caveats and Data Limitations

(Available from CMS at URL: <http://www.cms.gov/medicaid/msis/caveat00.asp>)

STATE-SPECIFIC

Hawaii has not completed their FY 2000 submission. Their FY 1999 MSIS data are used in the FY 2000 National totals.

Texas believes their data by service category and program type may be misaligned. The State is investigating the difference.

Notes: CMS staff also communicated to AAP Research staff about a number of reporting problems pertaining to PCCM and Capitation payments. For example, some states did not report PCCM payments, while some others stated that PCCM payments were made only for enrollees whose provider actually does case management. There were indications that New York was under reporting capitation payments and including their AIDS case management payments (which included a bundle of services and were much more expensive) as PCCM capitation. Also, the first 3 quarters of North Carolina's FY1999 reports had capitation claims that ranged from \$2-\$101. Starting in the 4th quarter of FY1999, they were reporting just over million PCCM cap claims per quarter that were all for \$3 per claim.



Medicaid State Report

NEW JERSEY, FY 2000* (October 1, 1999 - September 30, 2000)

Division of
Health Policy Research

I. MEDICAID* ENROLLEES AND EXPENDITURES	NEW JERSEY			MID ATLANTIC REGION#			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)**	50.0% (FY00)	50.0% (FY03)	65.0% (Enhanced)	50.7% (FY00)	51.6% (FY03)	66.1% (Enhanced)	56.8% (FY00)	60.9% (FY03)	72.6% (Enhanced)
B. FY 2000 Total Medicaid Enrollment, Expenditures***	855,745, \$4,707M			6,025,010, \$37,220M			44,297,290, \$168,307M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2000 (% of Total Medicaid Enrollment, 06/30/2000)	371,641 (59.2% of 627,686 ^^)			2,021,126 (43.2% of 4,722,549)			16,992,535 (55.8% of 33,690,364)		
D. Percent of Births Paid for by Medicaid, 1999^^^	na			38.1%			37.4%		
E. FY 2000 and FY 1996-2000 Averaged DSH## Payment	\$1,244 M \$1,039 M			\$4,181 M \$3,922 M			\$16,160 M \$15,006 M		
F. Enrollee through Age 20, FY 2000, %Population	<u>Enrollees</u>	<u>%Population</u>		<u>Enrollees</u>	<u>%Population</u>		<u>Enrollees</u>	<u>%Population</u>	
Through Age 20	491,360	22.2%		2,878,460	27.3%		24,187,576	30.7%	
Through Age 18	469,155	23.4%		2,700,306	28.3%		22,667,229	32.0%	
Through Age 5	190,465	28.8%		1,079,225	34.8%		9,215,600	40.3%	
Infants	31,951	29.5%		208,784	41.0%		1,803,047	47.5%	
Ages 1 through 5	158,514	28.6%		870,441	33.6%		7,412,553	38.8%	
Ages 6 through 18	278,690	20.8%		1,621,081	25.2%		13,451,629	28.1%	
Ages 6 through 14	214,651	20.7%		1,219,044	25.0%		9,985,191	27.7%	
Ages 15 through 18	64,039	20.8%		402,037	26.1%		3,466,438	29.3%	
Ages 19 and 20	22,205	10.7%		178,154	17.2%		1,520,347	18.8%	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age, FY 2000	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
Through Age 20	57.4%	20.2%	\$1,936	47.8%	17.9%	\$2,312	54.6%	22.9%	\$1,590
Through Age 18	54.8%	18.9%	\$1,895	44.8%	16.4%	\$2,258	51.2%	20.9%	\$1,552
Through Age 5	22.3%	7.7%	\$1,892	17.9%	5.9%	\$2,018	20.8%	8.5%	\$1,561
Infants	3.7%	1.6%	\$2,393	3.5%	1.5%	\$2,586	4.1%	2.4%	\$2,254
Ages 1 through 5	18.5%	6.0%	\$1,791	14.4%	4.4%	\$1,882	16.7%	6.1%	\$1,392
Ages 6 through 18	32.6%	11.2%	\$1,896	26.9%	10.5%	\$2,418	30.4%	12.4%	\$1,546
Ages 6 through 14	25.1%	7.5%	\$1,650	20.2%	7.4%	\$2,249	22.5%	8.2%	\$1,384
Ages 15 through 18	7.5%	3.7%	\$2,722	6.7%	3.2%	\$2,930	7.8%	4.1%	\$2,013
Ages 19 and 20	2.6%	1.3%	\$2,814	3.0%	1.5%	\$3,136	3.4%	1.9%	\$2,156
Age 21 or Older	42.6%	78.7%	\$10,171	50.7%	80.8%	\$9,836	45.2%	73.2%	\$6,153
Age 65 or Older	16.3%	37.4%	\$12,632	13.4%	34.2%	\$15,734	11.2%	29.6%	\$10,027

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY1999. Use caution when comparing to prior years. # Includes NJ, NY & PA. ** Regional and US averages of FY2000 FMAP are weighted by FY2000 expenditures. FY03 and Enhanced FMAPs are unweighted. *** Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. Data for HI are from FY1999. See also CMS document 'FY2000 MSIS Caveats and Data Limitation' on FY2000 AAP Medicaid State Reports Web page. ^Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/00 was 73.3% of total annual enrollment state reported to CMS for FY 2000. ^^ Data unavailable for AR, DC, KS, MI, NJ and VA. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some service beneficiaries. 'na' Data unavailable.

II. MEDICAID* SERVICE UTILIZATION		NEW JERSEY				MID ATLANTIC REGION				UNITED STATES			
A. Payments by Age and Type of Service**	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		
Physician Services		0.2%		0.7%		0.4%		0.8%		1.5%		2.4%	
Dental Services		<.05%		0.2%		0.2%		0.4%		0.5%		0.3%	
Clinic Services		0.3%		1.5%		0.8%		3.8%		1.1%		1.9%	
Other Practitioner Services		<.05%		0.1%		<.05%		0.1%		0.2%		0.2%	
Outpatient Hospital		1.6%		5.2%		1.0%		3.3%		1.2%		2.8%	
Inpatient Hospital		2.1%		6.6%		2.7%		11.5%		4.2%		8.6%	
Nursing Home/Intermediate Care		0.5%		33.3%		0.7%		29.1%		0.6%		25.3%	
Mental Health Facility Services		1.4%		0.3%		1.1%		0.7%		0.7%		0.3%	
Personal Care Services		2.6%		4.1%		2.8%		5.9%		2.2%		4.6%	
Home Health Services		0.2%		1.2%		0.2%		2.3%		0.4%		1.4%	
Lab and X-Ray				0.3%		0.1%		0.2%		0.2%		0.6%	
Prescribed Drugs		0.8%		11.5%		0.9%		8.5%		1.5%		10.4%	
Capitated Payment***		9.7%		4.0%		5.5%		6.9%		6.8%		7.5%	
Primary Care Case Management Services***		0.0%		0.0%		<.05%		<.05%		0.1%		<.05%	
Sterilization Services		<.05%		<.05%		<.05%		0.1%		<.05%		0.1%	
Other Care Services~		0.6%		9.9%		1.4%		7.2%		1.7%		6.8%	
All Services~~		20.2%		78.7%		17.9%		80.8%		22.9%		73.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	
Physician Services	\$131	14.8%	\$222	40.5%	\$176	26.4%	\$257	26.4%	\$288	36.8%	\$436	45.9%	
Dental Services	\$98	3.9%	\$157	17.3%	\$204	15.2%	\$263	18.6%	\$227	16.1%	\$257	9.6%	
Clinic Services	\$487	6.2%	\$1,415	13.5%	\$745	13.6%	\$2,307	20.2%	\$454	16.2%	\$946	17.3%	
Other Practitioner Services	\$72	1.8%	\$76	13.6%	\$105	4.1%	\$66	14.7%	\$193	7.2%	\$108	14.5%	
Outpatient Hospital	\$1,169	13.0%	\$1,709	39.0%	\$514	26.1%	\$1,064	38.3%	\$348	23.7%	\$702	33.6%	
Inpatient Hospital	\$6,654	3.1%	\$5,479	15.4%	\$5,103	6.9%	\$8,678	16.1%	\$4,534	6.4%	\$5,017	14.5%	
Nursing Home/Intermediate Care	\$96,543	0.1%	\$34,195	12.6%	\$101,473	0.1%	\$39,324	9.0%	\$67,418	0.1%	\$27,035	7.9%	
Mental Health Facility Services	\$39,952	0.3%	\$34,755	0.1%	\$26,676	0.6%	\$19,119	0.4%	\$18,193	0.3%	\$14,200	0.2%	
Personal Care Services	\$5,514	4.5%	\$7,102	7.5%	\$4,725	7.8%	\$9,394	7.8%	\$1,618	9.6%	\$3,672	10.4%	
Home Health Services	\$3,679	0.5%	\$4,370	3.4%	\$1,504	2.1%	\$3,781	7.3%	\$2,632	1.1%	\$3,538	3.4%	
Lab and X-Ray	\$53	7.0%	\$131	25.4%	\$45	15.5%	\$96	31.2%	\$68	18.3%	\$150	31.6%	
Prescribed Drugs	\$502	15.3%	\$2,489	59.9%	\$277	40.0%	\$1,859	55.6%	\$262	39.0%	\$1,630	53.5%	
Capitated Payment***	\$1,096	85.2%	\$1,419	36.5%	\$1,297	54.8%	\$2,723	30.9%	\$914	52.2%	\$1,682	37.5%	
Primary Care Case Management Services***	NA	0.0%	NA	0.0%	\$108	<.05%	\$79	<.05%	\$30	17.1%	\$29	6.6%	
Sterilization Services	\$151	<.05%	\$1,829	0.1%	\$1,932	<.05%	\$2,064	0.3%	\$529	<.05%	\$1,003	0.6%	
Other Care Services~	\$2,434	2.5%	\$4,906	26.1%	\$1,631	10.7%	\$3,309	26.4%	\$759	15.6%	\$2,308	24.8%	
All Services	\$2,036	95.1%	\$11,706	86.9%	\$2,604	88.8%	\$11,617	84.7%	\$1,766	90.0%	\$7,129	86.3%	

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY 1999. Use caution when comparing to prior years. ** Services included in each service category are defined in the CMS document: MSIS Tape Specifications and Data Dictionary, pp152-159 (URL: <http://www.cms.gov/medicaid/msis/msisdd99.pdf>). Data for HI are from FY1999. Effective FY 1999, services provided under EPSDT are coded by type of service (as listed on II.A-B of this report). CMS no longer provides EPSDT expenditures and utilization as its own category in MSIS2082 reports. See also CMS document 'FY2000 Caveats and Data Limitations' on FY2000 AAP Medicaid State Reports Web page. *** See Notes in 'FY2000 Caveats and Data Limitations' on FY2000 AAP Medicaid State Reports Web page. ~ May include, but are not limited to, Home and Community Waiver, prosthetic devices and eyeglasses. ~~ Expenditures may not sum to 100% because of missing age and type of service data associated with reported payments. + Sum of percents may exceed 100% since enrollees may use multiple services. 'na' Data unavailable. 'NA' Not applicable.

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CONTACT INFORMATION

Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY1999 Medicaid State Reports are also available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at <http://www.aap.org/research/medicaid.htm>.