

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2000

Oklahoma

 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 4<sup>th</sup> quarter of FY1999, they were reporting just over million PCCM cap claims per quarter that were all for \$3 per claim.



# Medicaid State Report

OKLAHOMA, FY 2000\* (October 1, 1999 - September 30, 2000)

I. MEDICAID* ENROLLEES AND EXPENDITURES	OKLAHOMA			WEST SOUTH CENTRAL REGION#			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)**	71.1% (FY00)	70.6% (FY03)	79.4% (Enhanced)	65.2% (FY00)	69.0% (FY03)	78.3% (Enhanced)	56.8% (FY00)	60.9% (FY03)	72.6% (Enhanced)
B. FY 2000 Total Medicaid Enrollment, Expenditures***	584,620,	\$1,604M		4,623,304,	\$14,820M		44,297,290,	\$168,307M	
C. Total Medicaid Managed Care^ Enrollment, 06/30/2000 (% of Total Medicaid Enrollment, 06/30/2000)	279,205 ( 69.1% of 404,123 ^^)			822,828 ( 34.5% of 3,353,827 )			16,992,535 ( 55.8% of 33,690,364 )		
D. Percent of Births Paid for by Medicaid, 1999^^^	48.0%			47.0%			37.4%		
E. FY 2000 and FY 1996-2000 Averaged DSH## Payment	\$23 M	\$22 M		\$2,380 M	\$2,198 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	<b>384,761</b>	<b>39.8%</b>		<b>2,894,437</b>	<b>30.7%</b>		<b>24,187,576</b>	<b>30.7%</b>	
Through Age 18	<b>369,671</b>	<b>42.9%</b>		<b>2,756,720</b>	<b>32.7%</b>		<b>22,667,229</b>	<b>32.0%</b>	
Through Age 5	155,973	58.8%		1,248,510	45.9%		9,215,600	40.3%	
Infants	30,004	67.8%		275,055	60.4%		1,803,047	47.5%	
Ages 1 through 5	125,969	57.0%		973,455	42.9%		7,412,553	38.8%	
Ages 6 through 18	213,698	35.9%		1,508,210	26.4%		13,451,629	28.1%	
Ages 6 through 14	160,706	36.7%		1,133,450	26.5%		9,985,191	27.7%	
Ages 15 through 18	52,992	33.7%		374,760	26.0%		3,466,438	29.3%	
Ages 19 and 20	15,090	14.2%		137,717	13.9%		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	<b>65.8%</b>	<b>28.0%</b>	<b>\$1,169</b>	<b>62.6%</b>	<b>28.3%</b>	<b>\$1,448</b>	<b>54.6%</b>	<b>22.9%</b>	<b>\$1,590</b>
Through Age 18	<b>63.2%</b>	<b>26.1%</b>	<b>\$1,134</b>	<b>59.6%</b>	<b>26.1%</b>	<b>\$1,401</b>	<b>51.2%</b>	<b>20.9%</b>	<b>\$1,552</b>
Through Age 5	26.7%	10.5%	\$1,080	27.0%	13.2%	\$1,562	20.8%	8.5%	\$1,561
Infants	5.1%	3.5%	\$1,892	5.9%	4.5%	\$2,398	4.1%	2.4%	\$2,254
Ages 1 through 5	21.5%	7.0%	\$886	21.1%	8.7%	\$1,326	16.7%	6.1%	\$1,392
Ages 6 through 18	36.6%	15.6%	\$1,174	32.6%	12.9%	\$1,267	30.4%	12.4%	\$1,546
Ages 6 through 14	27.5%	10.2%	\$1,016	24.5%	8.5%	\$1,109	22.5%	8.2%	\$1,384
Ages 15 through 18	9.1%	5.5%	\$1,653	8.1%	4.4%	\$1,744	7.8%	4.1%	\$2,013
Ages 19 and 20	2.6%	1.9%	\$2,022	3.0%	2.2%	\$2,405	3.4%	1.9%	\$2,156
Age 21 or Older	<b>34.2%</b>	<b>64.5%</b>	<b>\$5,178</b>	<b>37.4%</b>	<b>68.7%</b>	<b>\$5,892</b>	<b>45.2%</b>	<b>73.2%</b>	<b>\$6,153</b>
Age 65 or Older	11.0%	27.9%	\$6,974	12.8%	29.5%	\$7,389	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 AR, LA, OK & TX. \*\* 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 69.1% 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	OKLAHOMA				WEST SOUTH CENTRAL 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	1.3%		2.4%		3.5%		4.7%		1.5%		2.4%	
Dental Services	0.4%		<.05%		1.3%		<.05%		0.5%		0.3%	
Clinic Services	1.6%		2.7%		1.3%		1.3%		1.1%		1.9%	
Other Practitioner Services	0.3%		0.2%		0.4%		0.4%		0.2%		0.2%	
Outpatient Hospital	1.1%		1.6%		1.6%		3.0%		1.2%		2.8%	
Inpatient Hospital	4.6%		4.9%		7.6%		8.1%		4.2%		8.6%	
Nursing Home/Intermediate Care	0.4%		25.2%		0.8%		26.4%		0.6%		25.3%	
Mental Health Facility Services	2.1%		<.05%		0.8%		0.2%		0.7%		0.3%	
Personal Care Services	1.0%		3.1%		1.7%		1.9%		2.2%		4.6%	
Home Health Services	<.05%		<.05%		0.9%		0.4%		0.4%		1.4%	
Lab and X-Ray	0.1%		0.2%		0.3%		0.7%		0.2%		0.6%	
Prescribed Drugs	1.8%		9.2%		3.0%		10.3%		1.5%		10.4%	
Capitated Payment***	9.3%		4.4%		3.3%		2.5%		6.8%		7.5%	
Primary Care Case Management Services***	0.0%		0.0%		0.2%		0.1%		0.1%		<.05%	
Sterilization Services	<.05%		<.05%		<.05%		0.1%		<.05%		0.1%	
Other Care Services~	4.0%		10.9%		1.6%		8.7%		1.7%		6.8%	
<b>All Services~~</b>	<b>28.0%</b>		<b>64.5%</b>		<b>28.3%</b>		<b>68.7%</b>		<b>22.9%</b>		<b>73.2%</b>	
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	\$217	24.8%	\$355	53.3%	\$311	58.3%	\$584	58.3%	\$288	36.8%	\$436	45.9%
Dental Services	\$219	8.4%	\$173	1.7%	\$223	29.6%	\$311	1.2%	\$227	16.1%	\$257	9.6%
Clinic Services	\$862	7.7%	\$1,341	15.9%	\$508	13.0%	\$853	12.9%	\$454	16.2%	\$946	17.3%
Other Practitioner Services	\$135	8.0%	\$192	8.0%	\$172	12.1%	\$142	22.1%	\$193	7.2%	\$108	14.5%
Outpatient Hospital	\$225	20.8%	\$353	36.2%	\$267	29.9%	\$625	40.6%	\$348	23.7%	\$702	33.6%
Inpatient Hospital	\$2,992	6.4%	\$1,983	18.5%	\$3,525	11.0%	\$3,006	23.2%	\$4,534	6.4%	\$5,017	14.5%
Nursing Home/Intermediate Care	\$10,369	0.2%	\$15,518	13.0%	\$41,025	0.1%	\$21,040	10.7%	\$67,418	0.1%	\$27,035	7.9%
Mental Health Facility Services	\$15,967	0.5%	\$5,241	<.05%	\$9,212	0.4%	\$3,513	0.5%	\$18,193	0.3%	\$14,200	0.2%
Personal Care Services	\$759	5.4%	\$2,650	9.4%	\$771	11.1%	\$1,447	11.1%	\$1,618	9.6%	\$3,672	10.4%
Home Health Services	\$203	0.3%	\$285	1.2%	\$2,521	1.9%	\$1,086	3.4%	\$2,632	1.1%	\$3,538	3.4%
Lab and X-Ray	\$44	12.8%	\$97	19.1%	\$53	26.7%	\$132	42.7%	\$68	18.3%	\$150	31.6%
Prescribed Drugs	\$265	29.0%	\$1,360	54.4%	\$254	60.8%	\$1,342	66.1%	\$262	39.0%	\$1,630	53.5%
Capitated Payment***	\$509	76.3%	\$807	43.9%	\$581	28.9%	\$1,367	15.6%	\$914	52.2%	\$1,682	37.5%
Primary Care Case Management Services***	NA	0.0%	NA	0.0%	\$64	19.2%	\$52	11.1%	\$30	17.1%	\$29	6.6%
Sterilization Services	\$353	<.05%	\$254	0.8%	\$345	<.05%	\$660	1.5%	\$529	<.05%	\$1,003	0.6%
Other Care Services~	\$1,326	12.4%	\$4,065	21.4%	\$572	14.5%	\$3,205	23.2%	\$759	15.6%	\$2,308	24.8%
<b>All Services</b>	<b>\$1,420</b>	<b>82.3%</b>	<b>\$5,954</b>	<b>87.0%</b>	<b>\$1,635</b>	<b>88.6%</b>	<b>\$6,843</b>	<b>86.1%</b>	<b>\$1,766</b>	<b>90.0%</b>	<b>\$7,129</b>	<b>86.3%</b>

\* 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> .