

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2000

West Virginia

 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

WEST VIRGINIA, FY 2000* (October 1, 1999 - September 30, 2000)



I. MEDICAID* ENROLLEES AND EXPENDITURES	WEST VIRGINIA			SOUTH ATLANTIC REGION#			UNITED STATES					
A. Federal Medical Assistance Percentage (FMAP)**	74.8% (FY00)	75.0% (FY03)	82.5% (Enhanced)	59.2% (FY00)	60.7% (FY03)	72.5% (Enhanced)	56.8% (FY00)	60.9% (FY03)	72.6% (Enhanced)			
B. FY 2000 Total Medicaid Enrollment, Expenditures***	354,326, \$1,392M			7,512,446, \$27,213M			44,297,290, \$168,307M					
C. Total Medicaid Managed Care^ Enrollment, 06/30/2000 (% of Total Medicaid Enrollment, 06/30/2000)	90,631 (34.6% of 262,315 ^^)			3,158,431 (62.4% of 5,392,326)			16,992,535 (55.8% of 33,690,364)					
D. Percent of Births Paid for by Medicaid, 1999^^^	51.6%			40.8%			37.4%					
E. FY 2000 and FY 1996-2000 Averaged DSH## Payment	\$66 M \$31 M			\$2,015 M \$1,841 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	196,345		43.1%	4,338,610		31.9%	24,187,576		30.7%			
Through Age 18	186,253		46.2%	4,107,628		33.7%	22,667,229		32.0%			
Through Age 5	76,648		61.0%	1,741,023		45.2%	9,215,600		40.3%			
Infants	16,510		81.0%	363,171		57.4%	1,803,047		47.5%			
Ages 1 through 5	60,138		57.1%	1,377,852		42.8%	7,412,553		38.8%			
Ages 6 through 18	109,605		39.5%	2,366,605		28.4%	13,451,629		28.1%			
Ages 6 through 14	80,578		39.2%	1,786,788		28.4%	9,985,191		27.7%			
Ages 15 through 18	29,027		40.1%	579,817		28.3%	3,466,438		29.3%			
Ages 19 and 20	10,092		19.4%	230,982		16.4%	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	55.4%		20.3%	\$1,441	57.8%		25.4%	\$1,591	54.6%		22.9%	\$1,590
Through Age 18	52.6%		18.7%	\$1,396	54.7%		23.3%	\$1,544	51.2%		20.9%	\$1,552
Through Age 5	21.6%		5.6%	\$1,025	23.2%		10.6%	\$1,651	20.8%		8.5%	\$1,561
Infants	4.7%		1.4%	\$1,206	4.8%		3.4%	\$2,581	4.1%		2.4%	\$2,254
Ages 1 through 5	17.0%		4.2%	\$975	18.3%		7.1%	\$1,406	16.7%		6.1%	\$1,392
Ages 6 through 18	30.9%		13.0%	\$1,655	31.5%		12.7%	\$1,465	30.4%		12.4%	\$1,546
Ages 6 through 14	22.7%		7.8%	\$1,351	23.8%		8.3%	\$1,267	22.5%		8.2%	\$1,384
Ages 15 through 18	8.2%		5.2%	\$2,499	7.7%		4.4%	\$2,073	7.8%		4.1%	\$2,013
Ages 19 and 20	2.8%		1.6%	\$2,267	3.1%		2.1%	\$2,431	3.4%		1.9%	\$2,156
Age 21 or Older	44.6%		70.1%	\$6,177	42.2%		70.4%	\$6,035	45.2%		73.2%	\$6,153
Age 65 or Older	9.4%		25.9%	\$10,781	12.2%		28.3%	\$8,410	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 DC, DE, FL, GA, MD, NC, SC, VA & WV. ** 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 74.0% 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	WEST VIRGINIA				SOUTH ATLANTIC REGION				UNITED STATES			
A. Payments by Age and Type of Service**	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
Physician Services	2.1%		4.4%		2.7%		3.7%		1.5%		2.4%	
Dental Services	1.1%		0.2%		0.8%		0.2%		0.5%		0.3%	
Clinic Services	1.9%		2.0%		1.5%		1.7%		1.1%		1.9%	
Other Practitioner Services	0.5%		0.4%		0.4%		0.2%		0.2%		0.2%	
Outpatient Hospital	1.3%		3.8%		1.9%		3.3%		1.2%		2.8%	
Inpatient Hospital	2.4%		8.4%		5.7%		9.4%		4.2%		8.6%	
Nursing Home/Intermediate Care	0.3%		22.2%		0.4%		22.8%		0.6%		25.3%	
Mental Health Facility Services	2.0%		<.05%		0.6%		0.3%		0.7%		0.3%	
Personal Care Services	4.3%		4.8%		2.1%		2.8%		2.2%		4.6%	
Home Health Services	0.2%		1.0%		0.6%		1.6%		0.4%		1.4%	
Lab and X-Ray	0.3%		1.0%		0.2%		0.6%		0.2%		0.6%	
Prescribed Drugs	2.5%		13.0%		2.2%		13.0%		1.5%		10.4%	
Capitated Payment***	0.0%		0.0%		4.0%		4.7%		6.8%		7.5%	
Primary Care Case Management Services***	0.1%		<.05%		0.2%		0.1%		0.1%		<.05%	
Sterilization Services	<.05%		0.3%		<.05%		0.1%		<.05%		0.1%	
Other Care Services~	1.4%		9.4%		1.9%		5.8%		1.7%		6.8%	
All Services~~	20.3%		70.1%		25.4%		70.4%		22.9%		73.2%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**	CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS		CHILDREN Under 21		ADULTS	
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+
Physician Services	\$273	54.4%	\$531	72.4%	\$322	53.0%	\$541	53.0%	\$288	36.8%	\$436	45.9%
Dental Services	\$247	32.7%	\$210	9.5%	\$249	19.8%	\$260	8.1%	\$227	16.1%	\$257	9.6%
Clinic Services	\$275	49.3%	\$567	30.3%	\$354	27.4%	\$835	17.0%	\$454	16.2%	\$946	17.3%
Other Practitioner Services	\$186	19.2%	\$154	22.2%	\$260	8.6%	\$113	14.1%	\$193	7.2%	\$108	14.5%
Outpatient Hospital	\$238	38.2%	\$609	55.3%	\$358	32.6%	\$644	44.4%	\$348	23.7%	\$702	33.6%
Inpatient Hospital	\$2,252	7.5%	\$4,498	14.8%	\$3,863	9.3%	\$3,798	21.2%	\$4,534	6.4%	\$5,017	14.5%
Nursing Home/Intermediate Care	\$69,793	<.05%	\$27,568	7.1%	\$71,029	<.05%	\$24,739	7.9%	\$67,418	0.1%	\$27,035	7.9%
Mental Health Facility Services	\$15,069	1.0%	\$7,926	<.05%	\$18,144	0.2%	\$25,663	0.1%	\$18,193	0.3%	\$14,200	0.2%
Personal Care Services	\$1,732	17.6%	\$2,391	17.7%	\$1,250	10.7%	\$1,921	10.7%	\$1,618	9.6%	\$3,672	10.4%
Home Health Services	\$405	2.8%	\$754	12.1%	\$2,954	1.3%	\$4,034	3.4%	\$2,632	1.1%	\$3,538	3.4%
Lab and X-Ray	\$60	31.9%	\$155	56.2%	\$61	23.4%	\$144	35.2%	\$68	18.3%	\$150	31.6%
Prescribed Drugs	\$251	69.1%	\$1,457	78.3%	\$275	51.0%	\$1,718	65.0%	\$262	39.0%	\$1,630	53.5%
Capitated Payment***	NA	0.0%	NA	0.0%	\$841	29.9%	\$2,583	15.5%	\$914	52.2%	\$1,682	37.5%
Primary Care Case Management Services***	\$22	37.9%	\$22	12.2%	\$27	45.7%	\$27	21.7%	\$30	17.1%	\$29	6.6%
Sterilization Services	\$764	<.05%	\$1,577	1.7%	\$1,091	<.05%	\$1,071	0.9%	\$529	<.05%	\$1,003	0.6%
Other Care Services~	\$1,305	7.5%	\$3,754	22.1%	\$732	15.9%	\$1,957	25.4%	\$759	15.6%	\$2,308	24.8%
All Services	\$1,631	88.3%	\$6,843	90.3%	\$1,728	92.1%	\$6,932	87.1%	\$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

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