

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2001

PENNSYLVANIA



Division of Health  
Services Research

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**General Information about CMS/MSIS2082, data source of this report:**

(Based on CMS report, available at URL: <http://www.cms.hhs.gov/medicaid/msis/caveats.asp>)

**CMS/MSIS2082 data** represent 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 submit individual eligibility and claims data tapes to CMS on a quarterly basis via MSIS (the Medicaid Statistical Information System).

**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.

**Caveats:**

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 or from one Basis of Eligibility (BOE) to another 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. Significant shifts in eligibility groupings (MAS and/or BOE) from prior years may have occurred because of improved data reporting and more rigorous data quality reviews.

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.

Refer to CMS document titled **“MSIS State Anomalies/Issues: All States** (URL: <http://www.cms.hhs.gov/medicaid/msis/anomalies.pdf>) for details on state specific data anomalies and other data issues.

# Medicaid State Report

FY 2001\* (October 1, 2000 - September 30, 2001)

## I. MEDICAID\* ENROLLEES AND EXPENDITURES

## PENNSYLVANIA

NJ, NY & PA make up the Mid Atlantic Region

<b>A. Federal Medical Assistance Percentage (FMAP)**</b>	53.6%, 67.5% (FY01 FMAP, Enhanced)	54.8%, 68.3% (FY04 FMAP, Enhanced)	
<b>B. FY 2001 Total Medicaid Enrollment, Expenditures***</b>	1,647,439,	\$7,634M	
<b>C. Total Medicaid Managed Care^ Enrollment, 06/30/2001</b> ( % of Total Medicaid Enrollment, 06/30/2001)	1,037,374 (75.8% of 1,369,181^^)		
<b>D. Percent of Births Paid for by Medicaid, 2000^</b>	25.0%		
<b>E. FY 2001 and FY 1997-2001 Averaged DSH## Payment</b>	\$761 M	\$631 M	
<b>F. Enrollee through Age 20, FY 2001, %Population</b>	<b>Enrollees</b>	<b>%Population</b>	
Through Age 20	<b>882,483</b>	<b>26.1%</b>	
<b>Through Age 18</b>	<b>825,596</b>	<b>27.0%</b>	
Through Age 5	303,597	33.4%	
Infants	55,908	37.9%	
Ages 1 through 5	247,689	32.5%	
Ages 6 through 18	521,999	24.3%	
Ages 6 through 14	386,983	26.0%	
Ages 15 through 18	135,016	20.5%	
Ages 19 and 20	56,887	17.2%	
<b>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age, FY 2001</b>	<b>% Total Enrollees~</b>	<b>% Total Expenditures~</b>	<b>Per Enrollee Payment</b>
Through Age 20	<b>53.6%</b>	<b>25.8%</b>	<b>\$2,235</b>
<b>Through Age 18</b>	<b>50.1%</b>	<b>23.8%</b>	<b>\$2,201</b>
Through Age 5	18.4%	7.4%	\$1,869
Infants	3.4%	1.7%	\$2,331
Ages 1 through 5	15.0%	5.7%	\$1,765
Ages 6 through 18	31.7%	16.4%	\$2,394
Ages 6 through 14	23.5%	11.5%	\$2,262
Ages 15 through 18	8.2%	4.9%	\$2,774
Ages 19 and 20	3.5%	2.0%	\$2,729
<b>Age 21 or Older</b>	<b>46.4%</b>	<b>73.8%</b>	<b>\$7,361</b>
Age 65 or Older	12.6%	36.4%	\$13,403

Notes: \* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY1999. Use caution when comparing to prior years. \*\* Regional and US average of FMAPs are weighted by FFY2002 Title XIX and Title XXI funded Medicaid program expenditures, respectively. \*\*\* Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. ^Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/01 was 83.1% of total annual enrollment state reported to CMS for FY 2001. ^^ Data unavailable for CO, DC, ME, and NJ. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries. 'na' Data unavailable.

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<b>II. MEDICAID* SERVICE UTILIZATION</b>		<b>PENNSYLVANIA</b>			
<b>A. Payments by Age and Type of Service**</b>		<b><u>CHILDREN Under 21</u></b>		<b><u>ADULTS</u></b>	
Physician Services		0.5%		0.7%	
Dental Services		0.2%		0.1%	
Clinic Services		0.6%		0.5%	
Other Practitioner Services		0.3%		<.05%	
Outpatient Hospital		0.3%		0.4%	
Inpatient Hospital		1.8%		3.4%	
Nursing Home/Intermediate Care		0.3%		35.1%	
Mental Health Facility Services		1.4%		0.6%	
Personal Care Services		0.2%		0.4%	
Home Health Services		0.5%		0.4%	
Lab and X-Ray		0.1%		0.4%	
Prescribed Drugs		1.1%		8.0%	
Capitated Payment***		15.2%		22.2%	
Primary Care Case Management Services***		0.0%		0.0%	
Sterilization Services		<.05%		0.1%	
Other Care Services~		3.3%		1.4%	
<b>Total~~</b>		<b>25.8%</b>		<b>73.8%</b>	
<b>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</b>		<b><u>CHILDREN Under 21</u></b>		<b><u>ADULTS</u></b>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$209	22.0%	\$267	24.5%
Dental Services		\$201	7.9%	\$176	5.4%
Clinic Services		\$844	5.9%	\$747	7.2%
Other Practitioner Services		\$477	4.6%	\$54	5.8%
Outpatient Hospital		\$225	13.0%	\$366	11.8%
Inpatient Hospital		\$4,268	3.7%	\$4,464	7.6%
Nursing Home/Intermediate Care		\$79,015	<.05%	\$33,778	10.4%
Mental Health Facility Services		\$26,827	0.5%	\$67,214	0.1%
Personal Care Services		\$804	2.0%	\$1,200	3.6%
Home Health Services		\$15,129	0.3%	\$3,037	1.2%
Lab and X-Ray		\$96	12.4%	\$172	21.7%
Prescribed Drugs		\$412	22.4%	\$2,347	33.9%
Capitated Payment***		\$1,983	66.4%	\$3,973	55.8%
Primary Care Case Management Services***		NA	0.0%	NA	0.0%
Sterilization Services		\$2,769	<.05%	\$1,937	0.4%
Other Care Services~		\$2,662	10.9%	\$1,370	10.2%
<b>Total</b>		<b>\$2,446</b>	<b>91.4%</b>	<b>\$8,212</b>	<b>89.6%</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, p154 (URL: <http://www.cms.gov/medicaid/msis/msisdd99.pdf>). Effective FY 1999, services provided under EPSDT are broken out by type of service as listed on II.A-B of this report. \*\*\* See Caveats noted in the beginning of this report.. ~ 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.

## REFERENCES:

- IA. Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages, Effective October 1, 2000-September 30, 2001. [Fiscal year 2001]. Federal Register: February 23, 2000 (Volume 65, Number 36), pp 8979-8980. Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages, Effective October 1, 2003 -September 30, 2004. [Fiscal Year 2004]. Federal Register: November 15, 2002 (Volume 67, Number 221), pp 69223-69225. [Cited 02/05/2005] Available at URL: <http://www.aspe.hhs.gov/health/fmap.htm>.
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- IE. Medicaid Financial Management Report, FFY 1997-2001. Center for Medicare and Medicaid Services. [Cited 01/05/2005] Available at URL: <http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp>.
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- IIA,B. MSIS Tables 1-7, Federal Fiscal Year 2001. Provided by Center for Medicaid and State Operations Finance, Centers for Medicare & Medicaid Services on January 11, 2005.

## CONTACT INFORMATION

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