

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2002

OREGON



Division of Health
Services Research

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General Information about CMS/MSIS2082, main 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 2002* (October 1, 2001 - September 30, 2002)

I. MEDICAID* ENROLLEES AND EXPENDITURES

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AK, CA, HI, OR & WA make up the Pacific Region

| | | | |
|--|----------------------------|--------------------------------------|-----------------------------|
| A. Federal Medical Assistance Percentage (FMAP)** | 59.2%, 71.4% | 61.1%, 72.8% | |
| | (FY02 FMAP, Enhanced) | (FY05 FMAP, Enhanced) | |
| B. FY 2002 Total Medicaid Enrollment, Expenditures*** | 637,140, | \$2,136M | |
| C. Total Medicaid Managed Care^ Enrollment, 06/30/2002 | 378,739 | | |
| (% of Total Medicaid Enrollment, 06/30/2002) | (87.0% of 436,645^^) | | |
| D. Percent of Births Paid for by Medicaid, 2000^^^ | 32.2% | | |
| E. FY 2002 and FY 1998-2002 Averaged DSH## Payment | \$23 M | \$30 M | |
| F. Enrollee through Age 20, FY 2002 | <u>Enrollees</u> | <u>(as Proportion of Population)</u> | |
| Through Age 20 | 291,300 | (30.4% of 959,159) | |
| Through Age 18 | 269,380 | (31.3% of 860,389) | |
| Through Age 5 | 115,682 | (44.9% of 257,685) | |
| Infants | 21,969 | (51.3% of 42,820) | |
| Ages 1 through 5 | 93,713 | (43.6% of 214,865) | |
| Ages 6 through 18 | 153,698 | (25.5% of 602,704) | |
| Ages 6 through 14 | 112,986 | (27.2% of 415,467) | |
| Ages 15 through 18 | 40,712 | (21.7% of 187,237) | |
| Ages 19 and 20 | 21,920 | (22.2% of 98,770) | |
| G. Enrollment, Expenditures*** and Per-enrollee Payment, All Enrollees, by Age, FY 2002 | <u>% Total Enrollees~</u> | <u>% Total Expenditures~</u> | <u>Per Enrollee Payment</u> |
| Through Age 20 | 45.7% | 25.0% | \$1,835 |
| Through Age 18 | 42.3% | 22.7% | \$1,799 |
| Through Age 5 | 18.2% | 8.7% | \$1,611 |
| Infants | 3.4% | 2.0% | \$1,982 |
| Ages 1 through 5 | 14.7% | 6.7% | \$1,525 |
| Ages 6 through 18 | 24.1% | 14.0% | \$1,940 |
| Ages 6 through 14 | 17.7% | 9.7% | \$1,832 |
| Ages 15 through 18 | 6.4% | 4.3% | \$2,240 |
| Ages 19 and 20 | 3.4% | 2.3% | \$2,280 |
| Age 21 or Older | 54.3% | 74.1% | \$4,580 |
| Age 65 or Older | 7.3% | 22.7% | \$10,390 |
| H. Enrollment and Per-enrollee Payment** Non-Blind/Disabled Enrollees, FY2002 | <u>Number of Enrollees</u> | <u>Per Enrollee Payment</u> | |
| Through Age 20 | 282,181 | \$1,531 | |
| Through Age 18 | 261,487 | \$1,514 | |

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 standard and enhanced FMAPs are weighted by FFY2002 Title XIX and XXI funded Medicaid expenditures, respectively. *** Expenditures include Medicaid vendor payments, health plan premiums, capita and HMO payments reported by the states to CMS. ^Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/02 was 68.5% of 0.6M total annual enrollment state(s) reported to CMS for FY 2002. ^^ Data unavailable for CO, DC, ME, at NJ. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. 'na' Data unavailable.

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| II. MEDICAID* SERVICE UTILIZATION | | OREGON | | | |
|--|--|---------------------------------|--------------|----------------------|--------------|
| A. Payments by Age and Type of Service** | | <u>CHILDREN Under 21</u> | | <u>ADULTS</u> | |
| Physician Services | | 0.7% | | 1.6% | |
| Dental Services | | <.05% | | <.05% | |
| Clinic Services | | 0.5% | | 0.6% | |
| Other Practitioner Services | | 0.8% | | 0.1% | |
| Outpatient Hospital | | 0.8% | | 1.9% | |
| Inpatient Hospital | | 1.6% | | 3.4% | |
| Nursing Home/Intermediate Care | | 0.3% | | 9.4% | |
| Mental Health Facility Services | | 1.8% | | 0.3% | |
| Personal Care Services | | 3.6% | | 2.1% | |
| Home Health Services | | <.05% | | <.05% | |
| Lab and X-Ray | | 0.1% | | 0.3% | |
| Prescribed Drugs | | 0.9% | | 11.7% | |
| Capitated Payment | | 12.7% | | 27.6% | |
| Primary Care Case Management Services | | <.05% | | <.05% | |
| Sterilization Services | | <.05% | | <.05% | |
| Other Care Services~ | | 1.2% | | 15.0% | |
| Total~~ | | 25.0% | | 74.1% | |
| B. Average Payments per User of Service and Percent of Enrollees Using Each Service** | | <u>CHILDREN Under 21</u> | | <u>ADULTS</u> | |
| | | Per-user | %Use+ | Per-user | %Use+ |
| Physician Services | | \$251 | 20.3% | \$395 | 24.8% |
| Dental Services | | \$135 | 0.6% | \$130 | 0.6% |
| Clinic Services | | \$381 | 8.7% | \$416 | 8.7% |
| Other Practitioner Services | | \$787 | 7.7% | \$144 | 5.3% |
| Outpatient Hospital | | \$446 | 13.4% | \$584 | 20.6% |
| Inpatient Hospital | | \$2,789 | 4.2% | \$4,704 | 4.5% |
| Nursing Home/Intermediate Care | | \$56,263 | <.05% | \$18,635 | 3.1% |
| Mental Health Facility Services | | \$47,098 | 0.3% | \$78,416 | <.05% |
| Personal Care Services | | \$2,170 | 12.3% | \$629 | 20.3% |
| Home Health Services | | \$439 | 0.1% | \$951 | 0.3% |
| Lab and X-Ray | | \$62 | 11.7% | \$122 | 17.2% |
| Prescribed Drugs | | \$282 | 23.3% | \$1,464 | 49.4% |
| Capitated Payment | | \$1,032 | 90.3% | \$1,979 | 86.1% |
| Primary Care Case Management Services | | \$41 | 2.6% | \$50 | 2.8% |
| Sterilization Services | | \$226 | <.05% | \$330 | 0.2% |
| Other Care Services~ | | \$1,457 | 6.2% | \$3,861 | 23.9% |
| Total | | \$1,965 | 93.4% | \$4,977 | 92.0% |

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions starting FY 1999. Use caution when comparing 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. ~ May include, but are not limited to, Home and Community Waiver prosthetic devices and eyeglasses. ~~ Expenditures may not sum to 100% due to unassigned claims. + Sum of percents may exceed 100% since enrollees may use multiple services. 'na' Data unavailable. 'NA' Not applicable.

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- IIA,B. MSIS Tables 1-7, Federal Fiscal Year 2002. Provided by Center for Medicaid and State Operations Finance, Centers for Medicare & Medicaid Services on February 7, 2005.

CONTACT INFORMATION

Contact Suk-fong Tang, PhD, Division of Health Services Research, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2000 Medicaid State Reports are also available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at