

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2003

VIRGINIA

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

(Based on CMS report “MSIS Caveats and Data Limitations”)

**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.gov/medicaid/msis/anomalies.pdf>) for details on state specific data anomalies and other data issues.



# Medicaid State Report

FY 2003\* (October 1, 2002 - September 30, 2003)

## I. MEDICAID\* ENROLLEES AND EXPENDITURES

## VIRGINIA

DC, DE, FL, GA, MD, NC, SC, VA & WV make up the South Atlantic Region

<b>A. Federal Medical Assistance Percentage (FMAP)**</b>	50.5%, 65.4%	50.0%, 65.0%	
	(FY03 FMAP, Enhanced)	(FY06 FMAP, Enhanced)	
<b>B. FY 2003 Total Medicaid Enrollment and Expenditures***</b>	736,672 / \$3,181M		
<b>C. Total Medicaid Managed Care^ Enrollment, 06/30/2003</b>	262,961		
( % of Total Medicaid Enrollment, 06/30/2003)	(45.0% of 583,999^^)		
<b>D. Percent of Births Paid for by Medicaid, 2001^^^</b>	31.1%		
<b>E. FY 2002 and FY 1998-2002 Averaged DSH## Payment</b>	\$182 M / \$181 M		
<b>F. Enrollee through Age 20, FY 2003</b>	<b>Enrollees</b>	<b>(as Proportion of Population)</b>	
Through Age 20	<b>438,519</b>	<b>( 21.6% of 2,027,704 )</b>	
Through Age 18	<b>420,037</b>	<b>( 23.1% of 1,820,229 )</b>	
Through Age 5	169,940	( 31.7% of 536,304 )	
Infants	31,379	( 35.6% of 88,116 )	
Ages 1 through 5	138,561	( 30.9% of 448,188 )	
Ages 6 through 18	250,097	( 19.5% of 1,283,925 )	
Ages 6 through 14	185,914	( 21.1% of 882,616 )	
Ages 15 through 18	64,183	( 16.0% of 401,309 )	
Ages 19 and 20	18,482	( 8.9% of 207,475 )	
<b>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2003</b>	<b>% Total Enrollees~</b>	<b>% Total Expenditures~</b>	<b>Per Enrollee Payment</b>
Through Age 20	<b>59.5%</b>	<b>24.3%</b>	<b>\$1,764</b>
Through Age 18	<b>57.0%</b>	<b>22.8%</b>	<b>\$1,725</b>
Through Age 5	23.1%	9.6%	\$1,793
Infants	4.3%	2.7%	\$2,768
Ages 1 through 5	18.8%	6.8%	\$1,572
Ages 6 through 18	33.9%	13.2%	\$1,679
Ages 6 through 14	25.2%	8.2%	\$1,396
Ages 15 through 18	8.7%	5.0%	\$2,500
Ages 19 and 20	2.5%	1.5%	\$2,641
Age 21 or Older	<b>40.5%</b>	<b>73.9%</b>	<b>\$7,890</b>
Age 65 or Older	13.6%	28.6%	\$9,065
<b>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2003</b>	<b>Number of Enrollees</b>	<b>Per Enrollee Payment</b>	
Through Age 20	<b>416,274</b>	<b>\$1,409</b>	
Through Age 18	400,479	\$1,396	

Notes: \* Starting FY1999, this report includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Use caution when comparing to prior years. \*\* Regional and US average of standard and enhanced FMAPs are weighted by Title XIX and Title XXI funded Medicaid expenditures, respectively. \*\*\* Expenditures include Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to CMS. All expenditures include federal and state shares. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 06/30/03 was 79.3% of 0.7M total annual enrollment state(s) reported to CMS for FY 2003. ^^ Data for AL and MS are from 2000. ## 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.

II. MEDICAID* SERVICE UTILIZATION		VIRGINIA			
<b>A. Payments by Age and Type of Service**</b>		<b>CHILDREN Under 21</b>		<b>ADULTS</b>	
Physician Services		1.4%		2.5%	
Dental Services		0.4%		<.05%	
Clinic Services		0.2%		0.7%	
Other Practitioner Services		0.1%		0.1%	
Outpatient Hospital		0.9%		2.3%	
Inpatient Hospital		2.5%		5.4%	
Intermediate Care Facilities (ICF-MRs)^		0.3%		5.6%	
Nursing Home		0.5%		17.3%	
Mental Health Facility Services		0.1%		0.5%	
Personal Care Services		0.8%		3.5%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		0.2%		0.6%	
Prescribed Drugs		2.0%		13.9%	
Capitated Payment		10.9%		11.0%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		3.9%		10.6%	
<b>Total~~</b>		<b>24.3%</b>		<b>73.9%</b>	
<b>B. Average Payments per User of Service and Percent of Enrollees Using Each Service**</b>		<b>CHILDREN Under 21</b>		<b>ADULTS</b>	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$283	37.2%	\$455	58.8%
Dental Services		\$240	12.0%	\$251	0.4%
Clinic Services		\$209	7.8%	\$540	13.4%
Other Practitioner Services		\$205	4.8%	\$88	8.6%
Outpatient Hospital		\$365	17.5%	\$655	36.7%
Inpatient Hospital		\$3,768	4.7%	\$3,639	15.6%
Intermediate Care Facilities (ICF-MRs)^		\$72,852	<.05%	\$96,583	0.6%
Nursing Home		\$134,525	<.05%	\$21,540	8.6%
Mental Health Facility Services		\$4,758	0.1%	\$33,088	0.2%
Personal Care Services		\$1,997	3.0%	\$4,708	8.0%
Home Health Services		\$616	0.2%	\$1,273	1.0%
Lab and X-Ray		\$72	22.9%	\$165	37.3%
Prescribed Drugs		\$431	33.2%	\$2,578	57.3%
Capitated Payment		\$1,018	77.6%	\$3,188	37.0%
Primary Care Case Management Services		\$19	15.4%	\$20	8.6%
Sterilization Services		\$504	<.05%	\$1,558	0.3%
Other Care Services~		\$3,593	7.8%	\$3,697	30.5%
<b>Total</b>		<b>\$1,900</b>	<b>92.8%</b>	<b>\$8,958</b>	<b>88.1%</b>

\* Starting FY1999, this report include Title XIX Medicaid programs and Title XXI funded Medicaid expansions. 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, p158 (URL: <http://new.cms.hhs.gov/MSIS/Downloads/msisdd05.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. ^ for the mentally-retarded. 'na' Data unavailable. 'NA' Not applicable.



## REFERENCES:

- IA. Federal Medical Assistance Percentages and Enhanced Federal Medical Assistance Percentages, Effective October 1, 2002-September 30, 2003. [Fiscal year 2003]. Federal Register: November 30, 2001 (Volume 66, Number 231). Federal Financial Participation in State Assistance Expenditures, FY 2006. Federal Register: November 24, 2004 (Volume 69, Number 226). Medicaid Financial Management Report, FFY 2002. Center for Medicare and Medicaid Services. [Cited 02/11/2005] Available at URL: <http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp>.
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- IE. Medicaid Financial Management Report, FFY 1998-2002. Center for Medicare and Medicaid Services. [Cited 02/11/2005] Available at URL: <http://www.cms.hhs.gov/medicaid/mbes/ofs-64.asp>.
- IF-H. 2003 Medicaid Quarterly Summary. Medicaid Statistical Information System (MSIS) State Summary Datamart. Centers for Medicare & Medicaid Services. Detailed State Projections by Single Year of Age, Sex, Race, and Hispanic Origin: 1995 to 2025. Population Division, US Census Bureau. [Cited 12/05/2004] Available at URL: <http://www.census.gov/population/www/projections/stproj.html>.
- IIA,B. 2003 Medicaid Quarterly Summary. Medicaid Statistical Information System (MSIS) State Summary Datamart. Centers for Medicare & Medicaid Services.

## CONTACT INFORMATION

Contact Suk-fong Tang, PhD, Department of Practice, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1994 to FY2002 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at <http://www.aap.org/research/medicaid.htm> .