

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2003

WEST VIRGINIA

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DEDICATED TO THE HEALTH OF ALL CHILDREN™



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

WEST VIRGINIA

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

A. Federal Medical Assistance Percentage (FMAP)**	75.0%, 82.5% (FY03 FMAP, Enhanced)	73.0%, 81.1% (FY06 FMAP, Enhanced)	
B. FY 2003 Total Medicaid Enrollment and Expenditures***	366,787 / \$1,830M		
C. Total Medicaid Managed Care^ Enrollment, 06/30/2003 (% of Total Medicaid Enrollment, 06/30/2003)	151,515 (51.1% of 296,220^^)		
D. Percent of Births Paid for by Medicaid, 2001^^^	49.3%		
E. FY 2002 and FY 1998-2002 Averaged DSH## Payment	\$83 M / \$68 M		
F. Enrollee through Age 20, FY 2003	Enrollees	(as Proportion of Population)	
Through Age 20	198,702	(42.3% of 470,005)	
Through Age 18	188,197	(44.6% of 421,908)	
Through Age 5	69,720	(56.9% of 122,461)	
Infants	11,119	(56.3% of 19,735)	
Ages 1 through 5	58,601	(57.0% of 102,726)	
Ages 6 through 18	118,477	(39.6% of 299,447)	
Ages 6 through 14	86,332	(42.0% of 205,409)	
Ages 15 through 18	32,145	(34.2% of 94,038)	
Ages 19 and 20	10,505	(21.8% of 48,097)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2003	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	54.2%	21.2%	\$1,955
Through Age 18	51.3%	19.7%	\$1,914
Through Age 5	19.0%	5.1%	\$1,328
Infants	3.0%	0.6%	\$1,042
Ages 1 through 5	16.0%	4.4%	\$1,382
Ages 6 through 18	32.3%	14.6%	\$2,259
Ages 6 through 14	23.5%	9.1%	\$1,938
Ages 15 through 18	8.8%	5.5%	\$3,123
Ages 19 and 20	2.9%	1.5%	\$2,685
Age 21 or Older	45.8%	68.1%	\$7,416
Age 65 or Older	9.2%	23.9%	\$13,001
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2003	Number of Enrollees	Per Enrollee Payment	
Through Age 20	186,526	\$1,565	
Through Age 18	177,696	\$1,551	

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 80.8% of 0.4M 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		WEST VIRGINIA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		1.7%		4.1%	
Dental Services		1.6%		0.2%	
Clinic Services		1.3%		1.4%	
Other Practitioner Services		1.5%		0.4%	
Outpatient Hospital		1.3%		4.0%	
Inpatient Hospital		1.5%		7.3%	
Intermediate Care Facilities (ICF-MRs)^		0.2%		2.7%	
Nursing Home		<.05%		17.5%	
Mental Health Facility Services		1.8%		<.05%	
Personal Care Services		2.9%		2.9%	
Home Health Services		0.2%		0.9%	
Lab and X-Ray		0.2%		1.0%	
Prescribed Drugs		3.2%		15.2%	
Capitated Payment		2.0%		0.7%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		<.05%		0.3%	
Other Care Services~		1.7%		10.4%	
Total~~		21.2%		68.1%	
B. Average Payments per User of Service and Percent of Enrollees Using Each Service**		CHILDREN Under 21		ADULTS	
		Per-user	%Use+	Per-user	%Use+
Physician Services		\$307	50.1%	\$619	72.0%
Dental Services		\$395	37.8%	\$241	10.2%
Clinic Services		\$263	45.7%	\$493	29.9%
Other Practitioner Services		\$477	29.4%	\$164	24.8%
Outpatient Hospital		\$331	36.7%	\$799	54.3%
Inpatient Hospital		\$3,480	4.0%	\$5,344	13.3%
Intermediate Care Facilities (ICF-MRs)^		\$84,378	<.05%	\$93,333	0.3%
Nursing Home		\$21,246	<.05%	\$30,247	6.3%
Mental Health Facility Services		\$18,253	0.9%	\$6,062	<.05%
Personal Care Services		\$1,580	16.7%	\$1,676	18.7%
Home Health Services		\$594	2.9%	\$695	14.2%
Lab and X-Ray		\$68	30.7%	\$179	58.3%
Prescribed Drugs		\$418	70.9%	\$2,124	78.0%
Capitated Payment		\$681	26.8%	\$853	9.2%
Primary Care Case Management Services		\$27	48.6%	\$22	15.7%
Sterilization Services		\$439	<.05%	\$2,035	1.7%
Other Care Services~		\$1,744	8.9%	\$4,211	26.8%
Total		\$2,134	91.6%	\$8,197	90.5%

* 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>.
- IB. 2003 Medicaid Quarterly Summary. Medicaid Statistical Information System (MSIS) State Summary Datamart. Centers for Medicare & Medicaid Services.
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- ID. Medicaid Births as a Percentage of Total Births, 2000 and 2001. MCH Update, 8/11/2005 Draft. National Governors' Association Center for Best Practices. [Cited 01/13/2006] Available at URL: <http://www.nga.org/Files/pdf/0508MCHUPDATE.PDF>.
- 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> .