

# Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2004

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

(Based on CMS description of MSIS data)

**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.

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.

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/MedicaidDataSourcesGenInfo/Downloads/anomalies.pdf>) for details on state specific data anomalies and other data issues.

**CONTACT INFORMATION**

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# Medicaid State Report

FY 2004\* (October 1, 2003 - September 30, 2004)

## I. MEDICAID\* ENROLLEES AND EXPENDITURES

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IA, KS, MN, MO, ND, NE & SD make up the West North Central Region

<b>A. Federal Medical Assistance Percentage (FMAP)**</b>	63.9%, 74.8% (FY04 FMAP, Enhanced)	62.0%, 73.4% (FY07 FMAP, Enhanced)
<b>B. FY 2004 Total Medicaid Enrollment and Expenditures***</b>	399,710 / \$2,206M	
<b>C. Total Medicaid Managed Care^ Enrollment, 06/30/2004</b> (% of Total Medicaid Enrollment, 06/30/2004)	262,487 (92.1% of 284,918^^)	
<b>D. Percent of Births Paid for by Medicaid, 2002^^^</b>	25.0%	
<b>E. FY 2004 and FY 2000-2004 Averaged DSH## Payment</b>	\$28 M / \$22 M	
<b>F. Enrollee through Age 20, FY 2004</b>	<b>Enrollees</b>	<b>(as Proportion of Population)</b>
<b>Through Age 20</b>	<b>228,781</b>	<b>(27.0% of 846,492)</b>
<b>Through Age 18</b>	<b>214,884</b>	<b>(28.2% of 762,925)</b>
Through Age 5	88,633	(38.7% of 228,950)
Infants	17,384	(46.2% of 37,599)
Ages 1 through 5	71,249	(37.2% of 191,351)
Ages 6 through 18	126,251	(23.6% of 533,975)
Ages 6 through 14	92,723	(25.3% of 367,010)
Ages 15 through 18	33,528	(20.1% of 166,965)
Ages 19 and 20	13,897	(16.6% of 83,567)
<b>G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2004</b>	<b>% Total Enrollees~</b>	<b>% Total Expenditures~</b>
<b>Through Age 20</b>	<b>57.2%</b>	<b>24.8%</b>
<b>Through Age 18</b>	<b>53.8%</b>	<b>22.4%</b>
Through Age 5	22.2%	7.6%
Infants	4.3%	2.1%
Ages 1 through 5	17.8%	5.5%
Ages 6 through 18	31.6%	14.8%
Ages 6 through 14	23.2%	9.1%
Ages 15 through 18	8.4%	5.7%
Ages 19 and 20	3.5%	2.4%
<b>Age 21 or Older</b>	<b>42.8%</b>	<b>73.6%</b>
Age 65 or Older	10.3%	26.7%
<b>H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2004</b>	<b>Number of Enrollees</b>	<b>Per Enrollee Payment</b>
<b>Through Age 20</b>	<b>217,358</b>	<b>\$1,588</b>
Through Age 18	204,993	\$1,564

Notes: \* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. \*\* Regional and US averages of FMAPs are weighted by Title XIX and Title XXI Medicaid expenditures reported in the CMS64. \*\*\* 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 06/30/04, at 0.3M, was 71.3% of 0.4M total annual enrollment state(s) reported to CMS for FY 2004. ^^ Data for AL is from 2000 and not included in US or regional averages. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims. Data unavailable.

<b>II. MEDICAID* SERVICE UTILIZATION</b>		<b>IOWA</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		2.0%		3.1%	
Dental Services		0.8%		0.8%	
Clinic Services		2.7%		0.5%	
Other Practitioner Services		0.2%		0.4%	
Outpatient Hospital		1.4%		3.5%	
Inpatient Hospital		2.5%		5.5%	
Intermediate Care Facilities (ICF-MRs)^		1.6%		9.0%	
Nursing Home		0.2%		18.8%	
Mental Health Facility Services		1.1%		<.05%	
Personal Care Services		0.5%		0.7%	
Home Health Services		0.7%		2.6%	
Lab and X-Ray		0.2%		0.6%	
Prescribed Drugs		3.2%		13.5%	
Capitated Payment		4.4%		3.6%	
Primary Care Case Management Services		0.1%		<.05%	
Sterilization Services		0.0%		0.0%	
Other Care Services~		3.2%		11.0%	
<b>Total~~</b>		<b>24.8%</b>		<b>73.6%</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		\$370	52.6%	\$635	63.0%
Dental Services		\$259	31.1%	\$346	29.1%
Clinic Services		\$561	46.7%	\$337	20.1%
Other Practitioner Services		\$116	15.8%	\$137	34.5%
Outpatient Hospital		\$436	30.6%	\$888	50.4%
Inpatient Hospital		\$3,432	7.0%	\$4,216	16.6%
Intermediate Care Facilities (ICF-MRs)^		\$96,288	0.2%	\$101,102	1.1%
Nursing Home		\$67,784	<.05%	\$21,528	11.3%
Mental Health Facility Services		\$27,694	0.4%	\$108,800	<.05%
Personal Care Services		\$1,019	4.3%	\$1,110	8.7%
Home Health Services		\$2,465	2.8%	\$3,834	8.7%
Lab and X-Ray		\$63	29.9%	\$150	51.4%
Prescribed Drugs		\$496	62.7%	\$2,326	74.9%
Capitated Payment		\$469	91.0%	\$704	66.3%
Primary Care Case Management Services		\$15	47.2%	\$13	20.2%
Sterilization Services		NA	0.0%	NA	0.0%
Other Care Services~		\$2,722	11.4%	\$4,420	32.1%
<b>Total</b>		<b>\$2,586</b>	<b>92.5%</b>	<b>\$10,408</b>	<b>91.3%</b>

\* Starting FY1999, this report includes 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://www.cms.hhs.gov/MSIS/Downloads/msisdd05.pdf>). Effective FY1999, 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 do not sum to 100% due to unassigned claims and missing service recipient data. + Sum of percents may exceed 100% since enrollees may use multiple services. ^ for the mentally retarded. 'na' Data unavailable. 'NA' Not applicable.



## SOURCES:

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