

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2005

KENTUCKY

American Academy of Pediatrics

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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).

CMS started reporting Title XXI funded Medicaid expansion enrollment and expenditures data on MSIS2082 reports in FFY1999. 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**” (accessible from URL: http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/02_MSISData.asp) for details on state specific data anomalies and other data issues.

CONTACT INFORMATION

Contact Suk-fong Tang, Department of Practice, with comments about the report; contact Dan Walter, Division of State Government Affairs, for Medicaid questions and advocacy advice. FY1 994 to FY2004 Medicaid State Reports are also available in Adobe Acrobat PDF format on the AAP Web site, at <http://www.aap.org/research/medicaid.htm>



Medicaid State Report

FY 2005* (October 1, 2004 - September 30, 2005)

I. MEDICAID ENROLLEES AND EXPENDITURES*

KENTUCKY

AL, KY, MS & TN make up the East South Central Region

A. Federal Medical Assistance Percentage (FMAP)**	69.6%, 78.7% (FY05 FMAP, Enhanced)	69.8%, 78.9% (FY08 FMAP, Enhanced)	
B. FY 2005 Total Medicaid Enrollment and Expenditures***	845,090 / \$4,044M		
C. Total Medicaid Managed Care^ Enrollment, 12/31/2004 (% of Total Medicaid Enrollment, 12/21/2004)	637,890 (92.9% of 686,813^^)		
D. Percent of Births Paid for by Medicaid, 2002^^^	38.4%		
E. FY 2005 and FY 2001-2005 Averaged DSH## Payment	\$196.2M / \$189.6M		
F. Enrollee through Age 20, FY 2005	Enrollees	(as Proportion of Population)	
Through Age 20	467,574	(39.8% of 1,174,558)	
Through Age 18	444,829	(41.9% of 1,061,142)	
Through Age 5	169,178	(50.6% of 334,064)	
Infants	30,903	(56.2% of 54,981)	
Ages 1 through 5	138,275	(49.5% of 279,083)	
Ages 6 through 18	275,651	(37.9% of 727,078)	
Ages 6 through 14	198,635	(39.9% of 498,128)	
Ages 15 through 18	77,016	(33.6% of 228,950)	
Ages 19 and 20	22,745	(20.1% of 113,416)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2005	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	55.3%	29.6%	\$2,564
Through Age 18	52.6%	27.6%	\$2,509
Through Age 5	20.0%	9.0%	\$2,162
Infants	3.7%	1.9%	\$2,441
Ages 1 through 5	16.4%	7.2%	\$2,099
Ages 6 through 18	32.6%	18.6%	\$2,723
Ages 6 through 14	23.5%	11.7%	\$2,382
Ages 15 through 18	9.1%	6.9%	\$3,601
Ages 19 and 20	2.7%	2.0%	\$3,629
Age 21 or Older	44.7%	69.4%	\$7,430
Age 65 or Older	11.0%	23.7%	\$10,357
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2005	Number of Enrollees	Per Enrollee Payment	
Through Age 20	431,636	\$2,077	
Through Age 18	412,963	\$2,046	

Notes: * Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. ** Regional and US averages of FMAPs are weighted by FY2005 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. Data for ME based on FY2004. ^ Includes Primary Care Case Management. ^^ Point-in-time enrollment on 12/31/04, at 0.7M, was 81.3% of 0.8M total annual enrollment state(s) reported to CMS for FY 2005. ^^ 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. 'na' Data unavailable.

II. MEDICAID* SERVICE UTILIZATION		KENTUCKY			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		2.0%		3.4%	
Dental Services		0.9%		0.4%	
Clinic Services		2.5%		2.3%	
Other Practitioner Services		0.6%		0.2%	
Outpatient Hospital		2.1%		4.4%	
Inpatient Hospital		3.0%		6.3%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		2.6%	
Nursing Home		0.2%		17.8%	
Mental Health Facility Services		1.2%		<.05%	
Personal Care Services		0.4%		0.7%	
Home Health Services		0.1%		1.2%	
Lab and X-Ray		0.3%		1.0%	
Prescribed Drugs		3.9%		15.3%	
Capitated Payment		7.2%		6.7%	
Primary Care Case Management Services		0.3%		0.1%	
Sterilization Services		<.05%		0.2%	
Other Care Services~		4.9%		6.7%	
Total~~		29.6%		69.4%	
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		\$334	52.9%	\$568	63.4%
Dental Services		\$292	26.1%	\$288	16.7%
Clinic Services		\$746	28.6%	\$852	28.8%
Other Practitioner Services		\$242	20.5%	\$107	19.7%
Outpatient Hospital		\$504	36.1%	\$964	48.8%
Inpatient Hospital		\$5,607	4.6%	\$5,776	11.6%
Intermediate Care Facilities (ICF-MRs)^		\$154,991	<.05%	\$135,804	0.2%
Nursing Home		\$77,270	<.05%	\$26,959	7.1%
Mental Health Facility Services		\$12,524	0.8%	\$3,033	0.1%
Personal Care Services		\$322	11.2%	\$733	10.6%
Home Health Services		\$1,710	0.7%	\$2,882	4.4%
Lab and X-Ray		\$77	32.5%	\$294	38.0%
Prescribed Drugs		\$569	59.5%	\$2,531	64.7%
Capitated Payment		\$631	98.7%	\$837	85.6%
Primary Care Case Management Services		\$37	66.1%	\$35	35.2%
Sterilization Services		\$793	<.05%	\$1,982	1.0%
Other Care Services~		\$1,219	34.8%	\$2,242	32.1%
Total		\$2,594	98.8%	\$8,013	92.7%

* Includes Title XIX Medicaid programs and Title XXI funded Medicaid expansions. Data for ME based on FY2004. ** 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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- IC. Center for Medicare and Medicaid Services. Medicaid Managed Care Enrollment as of December 31, 2004. Available at URL: <http://www.cms.hhs.gov/MedicaidDataSourcesGenInfo/Downloads/mmcp04.pdf> [Accessed 02/01/2008]
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