

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2005

OREGON

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*

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

A. Federal Medical Assistance Percentage (FMAP)**	61.1%, 72.8%	60.9%, 72.6%	
	(FY05 FMAP, Enhanced)	(FY08 FMAP, Enhanced)	
B. FY 2005 Total Medicaid Enrollment and Expenditures***	550,049 / \$2,444M		
C. Total Medicaid Managed Care^ Enrollment, 12/31/2004	339,208		
(% of Total Medicaid Enrollment, 12/21/2004)	(80.1% of 423,275^^)		
D. Percent of Births Paid for by Medicaid, 2002^^^	37.8%		
E. FY 2005 and FY 2001-2005 Averaged DSH## Payment	\$39.5M / \$34.4M		
F. Enrollee through Age 20, FY 2005	<u>Enrollees</u>	<u>(as Proportion of Population)</u>	
Through Age 20	291,907	(29.6% of 987,644)	
Through Age 18	276,581	(31.1% of 890,746)	
Through Age 5	118,267	(42.7% of 276,848)	
Infants	23,220	(50.1% of 46,319)	
Ages 1 through 5	95,047	(41.2% of 230,529)	
Ages 6 through 18	158,314	(25.8% of 613,898)	
Ages 6 through 14	114,719	(27.2% of 421,235)	
Ages 15 through 18	43,595	(22.6% of 192,663)	
Ages 19 and 20	15,326	(15.8% of 96,898)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2005	<u>% Total Enrollees~</u>	<u>% Total Expenditures~</u>	<u>Per Enrollee Payment</u>
Through Age 20	53.1%	26.9%	\$2,252
Through Age 18	50.3%	24.6%	\$2,170
Through Age 5	21.5%	10.2%	\$2,103
Infants	4.2%	3.0%	\$3,110
Ages 1 through 5	17.3%	7.2%	\$1,858
Ages 6 through 18	28.8%	14.4%	\$2,220
Ages 6 through 14	20.9%	9.4%	\$2,009
Ages 15 through 18	7.9%	4.9%	\$2,773
Ages 19 and 20	2.8%	2.3%	\$3,741
Age 21 or Older	46.9%	71.7%	\$6,785
Age 65 or Older	9.1%	22.2%	\$10,864
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2005	<u>Number of Enrollees</u>	<u>Per Enrollee Payment</u>	
Through Age 20	281,695	\$1,870	
Through Age 18	267,887	\$1,819	

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 0.4M, was 77.0% of 0.6M 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		OREGON			
A. Payments by Age and Type of Service**		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
Physician Services		0.6%		1.3%	
Dental Services		<.05%		<.05%	
Clinic Services		0.5%		0.6%	
Other Practitioner Services		0.4%		0.1%	
Outpatient Hospital		0.8%		2.1%	
Inpatient Hospital		1.9%		3.6%	
Intermediate Care Facilities (ICF-MRs)^		0.0%		0.5%	
Nursing Home		0.3%		9.5%	
Mental Health Facility Services		1.5%		0.2%	
Personal Care Services		3.8%		1.6%	
Home Health Services		<.05%		<.05%	
Lab and X-Ray		0.1%		0.3%	
Prescribed Drugs		1.0%		9.1%	
Capitated Payment		14.7%		28.8%	
Primary Care Case Management Services		<.05%		<.05%	
Sterilization Services		<.05%		<.05%	
Other Care Services~		1.2%		14.1%	
Total~~		26.9%		71.7%	
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		\$288	16.3%	\$494	24.3%
Dental Services		\$190	0.8%	\$213	0.4%
Clinic Services		\$456	10.0%	\$543	11.0%
Other Practitioner Services		\$571	5.7%	\$149	5.4%
Outpatient Hospital		\$563	12.4%	\$839	23.7%
Inpatient Hospital		\$3,233	5.0%	\$5,596	6.0%
Intermediate Care Facilities (ICF-MRs)^		NA	0.0%	\$235,260	<.05%
Nursing Home		\$66,251	<.05%	\$24,316	3.7%
Mental Health Facility Services		\$36,722	0.3%	\$69,135	<.05%
Personal Care Services		\$2,511	12.7%	\$698	21.3%
Home Health Services		\$362	<.05%	\$1,045	0.2%
Lab and X-Ray		\$53	8.7%	\$146	17.6%
Prescribed Drugs		\$459	19.1%	\$1,793	47.9%
Capitated Payment		\$1,348	91.4%	\$3,352	81.3%
Primary Care Case Management Services		\$45	2.1%	\$53	2.0%
Sterilization Services		\$238	<.05%	\$269	0.2%
Other Care Services~		\$1,570	6.2%	\$5,178	25.8%
Total		\$2,394	94.1%	\$7,655	88.6%

* 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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