

Medicaid (Title XIX and Title XXI)

STATE REPORTS – FY 2006

MONTANA

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).

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.

Maine data is based on FFY2004. Starting with 2005, ME has been unable to submit any usable MSIS claims files as they do not have a functioning MMIS (Medicaid Management Information System). The system is supposed to be corrected in 2010 when they expect to be able to submit the MSIS claims.

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. FY1994 to FY2005 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 2006* (October 1, 2005 - September 30, 2006)

I. MEDICAID ENROLLEES AND EXPENDITURES*

MONTANA

AZ, CO, ID, MT, NM, NV, UT & WY are included in the Mountain Region

A. Federal Medical Assistance Percentage (FMAP)**	70.5%, 79.4% (FY06 FMAP, Enhanced)	68.0%, 77.6% (FY09 FMAP, Enhanced)	
B. FY 2006 Total Medicaid Enrollment and Expenditures***	114,050 / \$639M		
C. Total Medicaid Managed Care^ Enrollment, 12/31/2006 (% of Total Medicaid Enrollment, 12/31/2006)	52,374 (65.8% of 79,598^^)		
D. Percent of Births Paid for by Medicaid, 2002-3 Average^^^	35.6%		
E. FY 2005 and FY 2001-2005 Averaged DSH## Payment	\$9.3M / \$3.5M		
F. Enrollee through Age 20, FY 2006	Enrollees	(as Proportion of Population)	
Through Age 20	65,540	(26.0% of 252,514)	
Through Age 18	62,110	(27.4% of 226,978)	
Through Age 5	27,462	(40.1% of 68,495)	
Infants	5,374	(46.9% of 11,456)	
Ages 1 through 5	22,088	(38.7% of 57,039)	
Ages 6 through 18	34,648	(21.9% of 158,483)	
Ages 6 through 14	24,841	(23.2% of 106,990)	
Ages 15 through 18	9,807	(19.0% of 51,493)	
Ages 19 and 20	3,430	(13.4% of 25,536)	
G. Enrollment, Expenditures*** and Per-enrollee Payment, by Age Group, FY 2006	% Total Enrollees~	% Total Expenditures~	Per Enrollee Payment
Through Age 20	57.5%	31.0%	\$3,019
Through Age 18	54.5%	28.9%	\$2,975
Through Age 5	24.1%	9.9%	\$2,307
Infants	4.7%	3.0%	\$3,536
Ages 1 through 5	19.4%	6.9%	\$2,008
Ages 6 through 18	30.4%	19.0%	\$3,505
Ages 6 through 14	21.8%	11.3%	\$2,917
Ages 15 through 18	8.6%	7.7%	\$4,995
Ages 19 and 20	3.0%	2.0%	\$3,800
Age 21 or Older	42.5%	67.3%	\$8,866
Age 65 or Older	9.7%	26.4%	\$15,343
H. Non-Blind/Disabled Enrollees: Enrollment and Per-enrollee Payment** FY2006	Number of Enrollees	Per Enrollee Payment	
Through Age 20	57,247	\$2,317	
Through Age 18	54,255	\$2,280	

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. FY2006 and later CMS64 data unavailable prior to the publication of this report. *** 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 12/31/06, at 0.1M, was 69.8% of 0.1M total annual enrollment state(s) reported to CMS for FY 2005. ^^ Data for NJ, NM, NV and TX are based on 2002 only. ## Disproportionate Share Hospital Payments. ~Percents may not sum up to 100% due to missing age information for some beneficiaries and unassigned claims.

II. MEDICAID* SERVICE UTILIZATION		MONTANA			
A. Payments by Age and Type of Service**		CHILDREN Under 21		ADULTS	
Physician Services		3.1%		4.3%	
Dental Services		0.9%		0.5%	
Clinic Services		1.3%		2.9%	
Other Practitioner Services		1.4%		0.6%	
Outpatient Hospital		2.1%		3.9%	
Inpatient Hospital		6.2%		7.2%	
Intermediate Care Facilities (ICF-MRs)^		0.1%		2.1%	
Nursing Home		<.05%		21.9%	
Mental Health Facility Services		2.7%		0.6%	
Personal Care Services		0.8%		5.1%	
Home Health Services		<.05%		0.1%	
Lab and X-Ray		<.05%		0.1%	
Prescribed Drugs		2.7%		8.5%	
Capitated Payment		0.0%		0.0%	
Primary Care Case Management Services		0.2%		0.1%	
Sterilization Services		0.0%		<.05%	
Other Care Services~		9.4%		9.4%	
Total~~		31.0%		67.3%	
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		\$480	62.1%	\$825	68.7%
Dental Services		\$375	23.1%	\$445	14.0%
Clinic Services		\$743	17.1%	\$2,164	18.0%
Other Practitioner Services		\$635	21.7%	\$291	29.0%
Outpatient Hospital		\$448	45.1%	\$863	59.4%
Inpatient Hospital		\$5,492	11.1%	\$4,526	20.6%
Intermediate Care Facilities (ICF-MRs)^		\$91,744	<.05%	\$157,243	0.2%
Nursing Home		\$23,061	<.05%	\$28,669	10.1%
Mental Health Facility Services		\$37,203	0.7%	\$68,061	0.1%
Personal Care Services		\$324	24.3%	\$1,772	38.1%
Home Health Services		\$630	0.1%	\$1,108	0.8%
Lab and X-Ray		\$66	6.9%	\$104	15.8%
Prescribed Drugs		\$502	52.6%	\$1,663	67.7%
Capitated Payment		NA	0.0%	NA	0.0%
Primary Care Case Management Services		\$26	77.6%	\$23	44.2%
Sterilization Services		NA	0.0%	\$2	<.05%
Other Care Services~		\$1,020	90.2%	\$1,653	75.1%
Total		\$3,213	93.9%	\$9,772	90.7%

* 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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