

# Medicaid

STATE REPORTS – FY 1997

Indiana



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# Medicaid State Report

INDIANA, FY 1997 (October 1, 1996 - September 30, 1997)

Division of  
Health Policy Research

I. MEDICAID ENROLLEES AND EXPENDITURES			INDIANA			EAST NORTH CENTRAL REGION~			UNITED STATES		
A. Federal Medical Assistance Percentage (FMAP)*	61.6% (FY97)	61.0% (FY99)	72.7% (Enhanced)	56.1% (FY97)	56.2% (FY99)	69.3% (Enhanced)	56.6% (FY97)	60.7% (FY99)	72.5% (Enhanced)		
B. Total Medicaid Managed Care Enrollment, 06/30/1997 (% of Total Medicaid Enrollment)	220,000 ( 54.3% of 405,000 **)			1,830,838 ( 41.5% of 4,409,395 **)			14,642,500 ( 47.5% of 30,813,957 **)				
C. Percent of Births Paid for by Medicaid, 1996***	36.0%			37.1%			38%				
D. FY 1997 and FY 1994-97 Averaged DSH^ Payment	\$172 M		\$116 M	\$1,443 M		\$1,280 M	\$15,937 M		\$14,105 M		
# E. Enrollee, by Age, FY 1997	<u>Enrollees</u>		<u>Percent</u>	<u>Enrollees</u>		<u>Percent</u>	<u>Enrollees</u>		<u>Percent</u>		
All Enrollees	600,887		100.0%	5,902,204		100.0%	40,327,268		100.0%		
<b>Children Under Age 21</b>	<b>358,739</b>		<b>59.7%</b>	<b>3,393,410</b>		<b>57.5%</b>	<b>22,729,432</b>		<b>56.4%</b>		
Under Age 6	162,085		27.0%	1,481,517		25.1%	9,643,356		23.9%		
Infants	29,438		4.9%	331,858		5.6%	2,112,346		5.2%		
Age 1 Through 5	132,647		22.1%	1,149,659		19.5%	7,531,010		18.7%		
Age 6 Through 20	196,654		32.7%	1,911,893		32.4%	13,086,076		32.4%		
## F. Percent Enrollees and Expenditures^^ by Eligibility Category, FY 1997	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>	<u>Enrollees</u>	<u>Expenditures</u>	<u>\$Per Enrollee</u>		
All Enrollees	600,887	\$2,437 M	\$4,055	5,902,204	\$21,098 M	\$3,575	40,327,268	\$137,720 M	\$3,415		
Children^^^	54.4%	13.0%	\$960	51.5%	15.2%	\$1,045	51.4%	16.7%	\$1,132		
Categorically Needy - Cash	17.6%	2.5%	\$579	22.0%	7.0%	\$1,130	21.4%	6.6%	\$1,081		
Categorically Needy - Noncash	25.3%	3.8%	\$604	13.6%	3.2%	\$839	15.4%	4.2%	\$950		
Medically Needy				4.8%	1.1%	\$788	5.3%	1.8%	\$1,199		
Other	11.5%	6.7%	\$2,324	11.1%	3.9%	\$1,238	9.3%	4.0%	\$1,510		
Adults	18.7%	7.0%	\$1,502	22.3%	11.0%	\$1,745	20.6%	10.9%	\$1,844		
Categorically Needy - Cash	9.8%	3.2%	\$1,320	11.2%	6.6%	\$2,066	10.2%	5.4%	\$1,834		
Categorically Needy - Noncash	2.5%	1.7%	\$2,811	4.0%	2.2%	\$1,931	3.6%	2.4%	\$2,271		
Medically Needy	NA	NA	NA	3.8%	1.2%	\$1,068	2.6%	1.4%	\$1,798		
Other	6.5%	2.1%	\$1,280	3.2%	1.1%	\$1,194	4.1%	1.8%	\$1,523		
Blind and Disabled	15.3%	44.4%	\$11,634	17.3%	45.7%	\$9,299	16.6%	43.4%	\$9,152		
Aged	11.6%	35.6%	\$12,330	8.9%	28.1%	\$11,119	11.4%	29.0%	\$8,917		

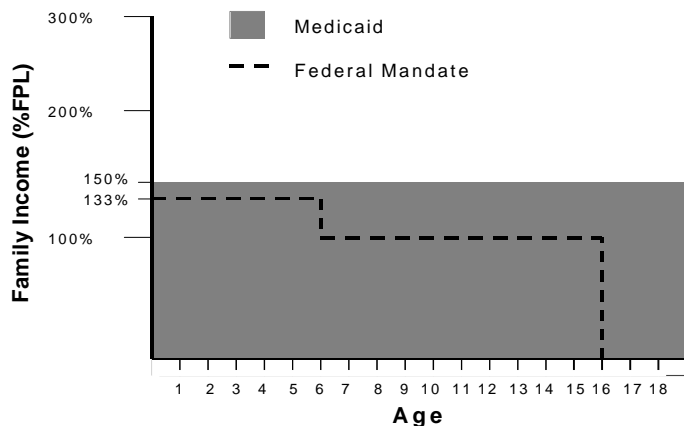
Notes: ~ Includes IL, IN, MI, OH & WI. \* US averages of FY97 FMAP are weighted by FY97 expenditures. FY99 and Enhanced FMAPs are unweighted. \*\* Enrollment on 06/30/97 was 67.4% of total annual enrollment reported to HCFA on Form 2082 for FY 1997. \*\*\* Data unavailable for HI and VA. Data for AR, CT, GA, MT, NH & WV are from 1995 and not included in region and US averages. ^ Disproportionate Share Hospital Payments. # Enrollee by age data for HI are from FY 1996 and did not include managed care enrollees. ## Enrollees and expenditures by eligibility category data for AZ, HI, OK and TN are from FY 1996 and not included in regional and US averages. HI did not report managed care enrollee and expenditures data on Form HCFA-2082 in FY 1996. ^^ Includes Medicaid vendor payments, health plan premiums, capitation and HMO payments reported by the states to HCFA on Form HCFA-2082. ^^ As defined by HCFA based on age and other factors. 'na' Data unavailable. 'NA' Not Applicable.

I. CONTINUED	INDIANA				EAST NORTH CENTRAL REGION				UNITED STATES			
	<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>		<u>CHILDREN Under 21</u>		<u>ADULTS</u>	
<b>#G. FFS* Payments by Age and Type of Service</b>												
Physician Services	1.6%		2.7%		1.5%		3.1%		2.1%		3.6%	
Dental Services	0.4%		0.2%		0.3%		0.3%		0.5%		0.3%	
Other Practitioners	1.5%		2.8%		0.5%		0.6%		0.4%		0.4%	
EPSDT**	0.0%		NA		0.5%		0.0%		1.3%		0.0%	
Family Planning Services	0.0%		0.0%		0.0%		0.2%		0.1%		0.3%	
Rural Health Clinics	0.0%		0.0%		0.1%		0.1%		0.1%		0.1%	
Other Clinics	0.4%		0.3%		1.5%		3.0%		1.0%		2.4%	
Outpatient Hospital	1.0%		2.6%		1.3%		3.1%		1.6%		3.4%	
Inpatient Hospital	6.6%		11.1%		6.5%		13.4%		6.3%		12.2%	
Nursing Home/Intermediate Care	1.3%		43.1%		0.7%		36.5%		0.7%		32.1%	
Mental/Psychiatric Hospital Care	0.7%		0.2%		1.5%		1.2%		0.9%		0.7%	
Home Health Care	0.7%		1.2%		0.7%		4.4%		1.4%		8.6%	
Lab and X-Ray	0.1%		0.3%		0.1%		0.5%		0.2%		0.6%	
Drug	1.8%		10.6%		1.2%		9.0%		1.4%		8.3%	
Other Services***	2.5%		6.0%		3.7%		4.7%		3.5%		5.5%	
<b>Total</b>	<b>18.7%</b>		<b>81.3%</b>		<b>20.0%</b>		<b>80.0%</b>		<b>21.5%</b>		<b>78.5%</b>	
<b>#H. Average FFS* Payments per User of Service and Percent of Enrollees Using Each Service</b>												
	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+	Per-user	%Use+
Physician Services	\$229	46.6%	\$401	66.5%	\$196	42.8%	\$398	59.0%	\$248	45.7%	\$428	57.9%
Dental Services	\$163	15.8%	\$137	16.6%	\$116	13.1%	\$138	15.5%	\$166	17.5%	\$191	11.0%
Other Practitioners	\$649	15.2%	\$745	37.4%	\$408	7.6%	\$248	18.7%	\$264	8.1%	\$151	18.3%
EPSDT**		0.0%			\$110	24.2%	\$83	0.3%	\$255	27.5%	\$115	0.6%
Family Planning Services	\$72	1.3%	\$101	4.2%	\$83	1.9%	\$254	7.5%	\$123	2.6%	\$233	8.4%
Rural Health Clinics	\$159	0.7%	\$171	0.7%	\$161	2.7%	\$197	2.9%	\$202	3.6%	\$233	3.3%
Other Clinics	\$199	14.0%	\$216	15.8%	\$642	13.1%	\$1,232	18.9%	\$552	9.9%	\$1,266	13.5%
Outpatient Hospital	\$214	32.4%	\$485	53.1%	\$240	30.2%	\$507	47.1%	\$304	28.0%	\$591	39.8%
Inpatient Hospital	\$3,708	11.7%	\$4,688	23.1%	\$4,849	7.6%	\$6,114	16.8%	\$4,628	7.3%	\$5,029	16.9%
Nursing Home/Intermediate Care	\$55,448	0.2%	\$19,849	21.2%	\$54,462	0.1%	\$21,154	13.2%	\$58,410	0.1%	\$23,922	9.3%
Mental/Psychiatric Hospital Care	\$7,826	0.6%	\$14,967	0.1%	\$31,815	0.3%	\$107,944	0.1%	\$19,642	0.3%	\$31,204	0.2%
Home Health Care	\$3,871	1.2%	\$4,567	2.6%	\$2,674	1.4%	\$5,256	6.4%	\$3,554	2.1%	\$7,582	7.8%
Lab and X-Ray	\$45	13.4%	\$85	37.0%	\$45	17.5%	\$100	35.8%	\$60	20.6%	\$122	34.3%
Drug	\$239	50.3%	\$1,453	71.1%	\$155	43.8%	\$1,078	64.2%	\$165	45.4%	\$984	58.9%
Other Services***	\$408	40.4%	\$896	65.0%	\$820	25.4%	\$986	36.3%	\$818	22.7%	\$1,172	32.4%
<b>All Services</b>	<b>\$1,644</b>	<b>75.1%</b>	<b>\$8,112</b>	<b>98.0%</b>	<b>\$1,504</b>	<b>75.2%</b>	<b>\$7,017</b>	<b>87.4%</b>	<b>\$1,523</b>	<b>76.5%</b>	<b>\$6,352</b>	<b>86.5%</b>

Notes: # FFS payments by type of service data for HI, OK and TN are from FY 1996 and not included in regional and US averages. Utilization by type of service data for HI, OK and TN are from FY 1996 and not included in regional and US averages. When less than 0.05% of expenditures is accounted for by a type of service, it is rounded to 0.0%. \* FFS (fee-for-service) payments. Except for Tennessee, which appears to be reporting capitation payments as Vendor Payments for Other services, payments in Sections G and H do not include i) DSH payments(15.9 Billion), and ii) health plan premiums, capitation and HMO payments(14.1 Billion). FFS payments totaled \$124 Billion nationally in FY 1997. \*\* EPSDT services are known to be under-reported in many states due to complexities in the reporting process. \*\*\* Any other medical or remedial care recognized under state law and specified by the Secretary, including but not limited to transportation, physical and occupational therapy, dentures, prosthetic devices, rehabilitative and hospice services. Note that Tennessee includes capitation, HMO and plan premium payments as expenditures for Other Services. + Percents may sum to exceed 100 because enrollees may use multiple services. Service recipients in managed care plans may not be counted. 'na' Data unavailable. 'NA' Not applicable.



**III. MEDICAID AND SCHIP PROGRAM ELIGIBILITY BASED ON FAMILY INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL (%FPL), AUGUST 1999**



**A. Title XIX Medicaid Eligibility and Expansions**

By federal mandate, all states must cover pregnant women and children to age 6 to 133% of the Federal Poverty Level (FPL) and children through age 15 up to 100% FPL, as of October 1, 1998.

In addition, 1996 federal welfare legislation requires states to use the AFDC income eligibility levels in effect as of July 16, 1996 to determine Medicaid eligibility. This establishes a state specific minimum eligibility level for poor children ages 16 through 18 (27% FPL for the state of Indiana, an equivalent of \$3747 for a family of 3 in 1999).

Indiana did not expand its Title XIX Medicaid program beyond the federal mandate. [41] The Medically Needy were not covered in 1997. [34] Brackets ( [ ] ) indicate total number of states with expansions or Medically Needy programs.

An estimated 46.4% of 213K uninsured children under age 19 in the state of Indiana were Medicaid eligible but unenrolled during 1997. A full report of Medicaid and SCHIP eligibility of uninsured children in the states can be downloaded from 'http://www.aap.org/advocacy/stateelg99.htm'.

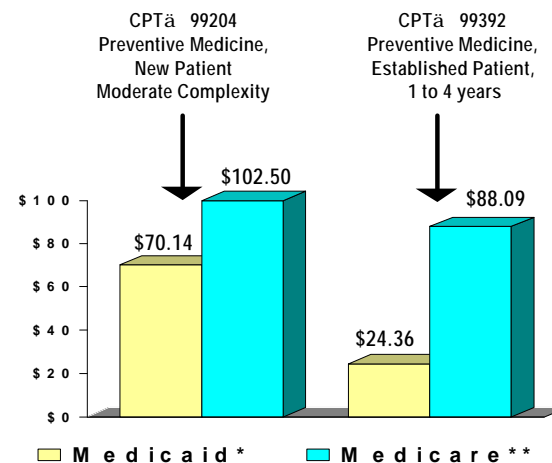
**B. Title XXI Medicaid/SCHIP Program Eligibility:**

Indiana's Title XXI Medicaid program covers children ages 1 through 5 from 133% to 150% FPL, ages 6 through 15 from 100% to 150% FPL, and ages 16 through 18 from 27% to 150% FPL. Federally legislated maximum Title XXI SCHIP/Medicaid program eligibility for Indiana is 200% FPL for all infants and children through age 18. Dec 98 - Jun 99 Title XXI program enrollment figures are available by state on the Kaiser Family Foundation website, at 'http://207.22.102.105/content/1999/2153/'.

More information about Medicaid and SCHIP activities in the states are available from reports published by the AAP's Department of Chapter and State Affairs: the SCHIP Update, available at "http://www.aap.org/advocacy/schiprep.htm", and the Access Issues section of the 1998 State Legislation Report, available at 'http://www.aap.org/advocacy/98statelegprpt.pdf'.

**IV. MEDICAID SERVICES REIMBURSEMENT**

**Comparison of 1998/1999 Medicaid\* and Medicare\*\* Reimbursement Rates for Two Services Commonly Used by Pediatricians**



\* State level data reported by Indiana to the AAP in the 1998/1999 Medicaid Reimbursement Survey. \*\* Medicare Payment Schedule™ Physician's Current Procedural Terminology (CPT) five-digit codes, nomenclature and other data are copyright 1998 American Medical Association (AMA). All Rights Reserved. No fee schedules, basic unit, relative values or related listings are included in CPT. The American Academy of Pediatrics and the AMA assume no liability for the data contained herein.

A report compiled by the AAP's Division of Health Policy Research documents state reimbursement rates for more than 100 services commonly used by pediatricians. This report shows that services provided under Medicaid are typically reimbursed at 20 to 50 percent less than the same services provided under Medicare. The full report can be downloaded from "http://www.aap.org/research/medreim.htm".

## REFERENCES:

- I A. Title XIX Federal Medicaid Assistance Percentages, Fiscal Years 1995-1998. Health Care Financing Administration (HCFA)/Medicaid Bureau. Available at <http://www.hcfa.gov/medicaid/ofs%2dffp.htm> . Federal medical assistance percentages and enhanced Federal medical assistance percentages, effective October 1, 1998-September 30, 1999 (Fiscal year 1999). Secretary of Health and Human Services. Available at <http://aspe.os.dhhs.gov/health/famp99.htm> .
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- II A. Population Estimates for the US and States by Single Year of Age and Sex: July 1, 1997. Population Division, US Census Bureau. Downloadable from <http://www.census.gov/population/estimates/state/stats/ag9798.txt> .
- II B. Monthly Vital Statistics Report, Vol. 46, No. 11(S), September 11, 1997. National Vital Statistics Report, Vol. 47, No. 9, November 10, 1998. National Center for Health Statistics, Center for Disease Control. Additional statistics provided by staff from the NCHS Mortality and Natality Statistics Branches.
- II C-E. HRSA State Profiles. Health Resources and Services Administration, April 1999. Downloadable from <http://www.hrsa.gov/profiles.htm> .
  
- III A-B. "Medicaid and SCHIP Income Eligibility Guidelines for Children" and "Title XXI Medicaid Expansion Population and Date of Implementation", reports published by the Department of Chapter and State Affairs, American Academy of Pediatrics, August 1999. State Facts: Health Needs and Medicaid Financing. The Kaiser Commission on Medicaid and the Uninsured, February 1998. American Academy of Pediatrics analysis of March Demographic File, Current Population Survey, 1998.
  
- IV. 1998/1999 Medicaid Reimbursement Survey, American Academy of Pediatrics, 1999.

## ORDERING INFORMATION

Complete sets of the state reports can be purchased by contacting the American Academy of Pediatrics, Division of Health Policy Research, 141 Northwest Point Blvd., PO. Box 927, Elk Grove Village, Illinois, 60007; (800) 433-9016, extension 7627. Contact Suk-fong Tang, PhD, Division of Health Policy Research, with comments about the report; contact Jean Cilik, Department of Chapter and State Affairs, for Medicaid questions and advocacy advice. FY1994 to FY 1997 Medicaid State Reports are also available in Adobe Acrobat PDF format on the Research page of the AAP Web site, at <http://www.aap.org/research/medicaid.htm> .